Manitoba

ANNUAL REPORT

1984-1985

Manitoba
Health Services
Commission

Manitoba

Minister of Health
Minister Responsible for Sport

7th Floor
175 Hargrave Street
Winnipeg, Manitoba, CANADA
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Winnipeg, June 28, 1985

Her Honour Pearl McGonigal
Lieutenant-Governor of the Province
of Manitoba

May It Please Your Honour:

I have the honour to submit the Annual Report of the Manitoba Health Services Commission for the 12-month period from April 1, 1984 to March 31, 1985.

Respectfully submitted,

The Honourable L. L. Desjardins
Minister of Health

Manitoba

Health

Manitoba Health
Services Commission

P.O. Box 925
599 Empress Street
Winnipeg, Manitoba, CANADA
R3C 2T6

Winnipeg, June 28, 1985

The Honourable L. L. Desjardins
Minister of Health
Province of Manitoba

Sir:

In accordance with Section 24 of The Health Services Insurance Act, I have the honour to present the Annual Report of the Manitoba Health Services Commission for the 12-month period April 1, 1984 to March 31, 1985.

Respectfully submitted,

Evelyn Shapiro
Chairperson
Manitoba Health Services
Commission

1984/85 ANNUAL REPORT

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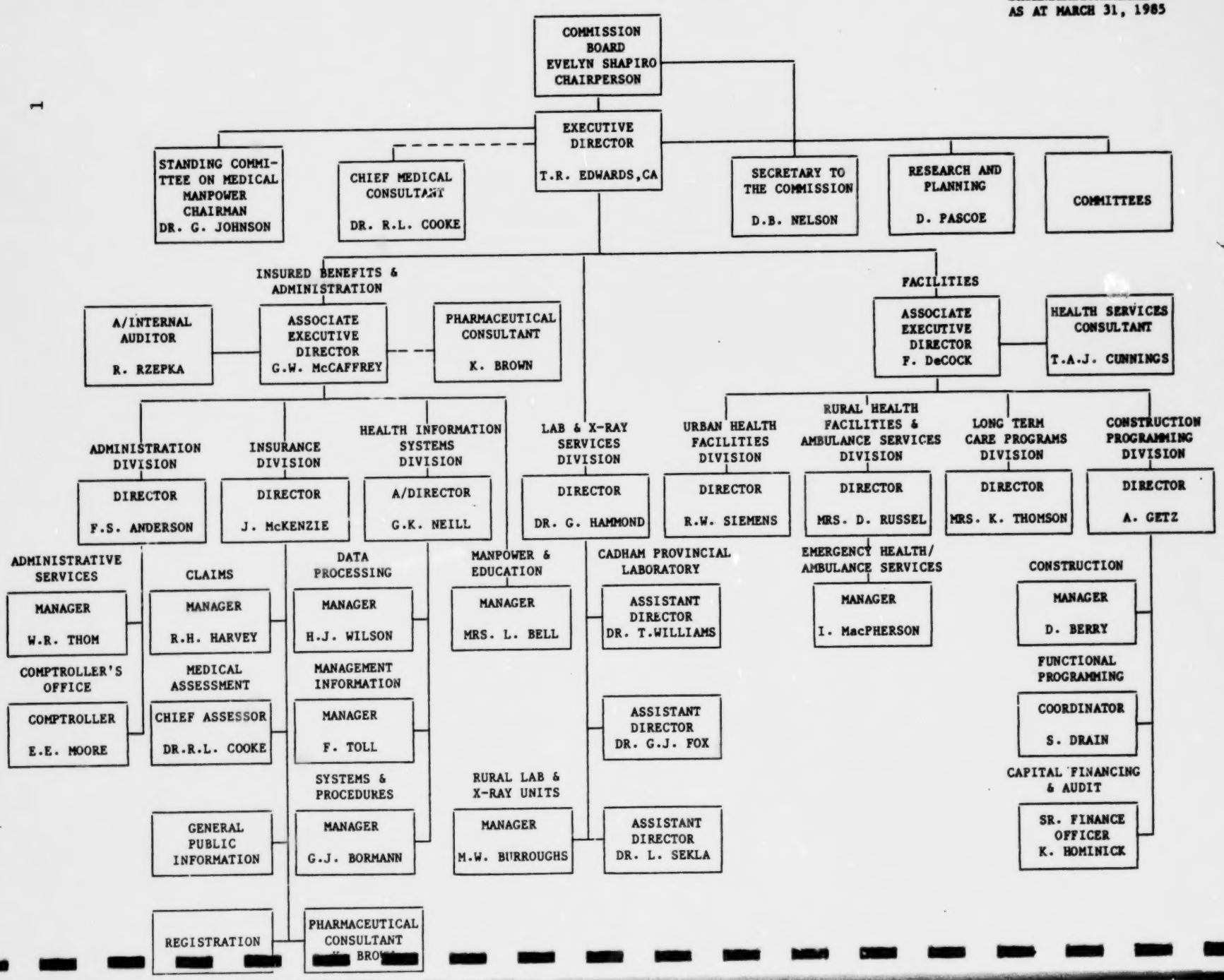
MANITOBA HEALTH SERVICES COMMISSION

ORGANIZATION CHART
AS AT MARCH 31, 1985



INTRODUCTION

The Manitoba Health Services Commission administers the Manitoba Health Insurance Plan according to provisions of The Health Services Insurance Act and other relevant legislation. The Plan finances an integrated system of hospital care, medical treatment, personal care, pharmacare, and other health services for Manitoba residents.

This annual report reviews the Commission's programs; sets out its organization; and provides relevant statistics, financial statements and the auditor's report for the period April 1, 1984 to March 31, 1985.

HIGHLIGHTS

During 1984/85 the Commission:

- Maintained a health facility construction and renovation program with projects completed in 1984/85 totalling $33,237,273. This includes $20,566,978 for hospital projects, $8,030,023 for personal care home projects, and $4,640,272 for regeneration projects. At March 31, 1985 projects estimated at $96,248,379 were under construction.

- Participated in a comprehensive Ministerial inquiry into Manitoba health services through a Health Services Review Committee with 16 subcommittees each studying one aspect of health care. The object of the Health Services Review Committee is to recommend ways to improve quality, reduce dependency on high-cost hospital accommodation, and allocate resources efficiently and effectively.

- Approved $16 million interim financing for the complete redevelopment of Winnipeg Municipal Hospital, expected to cost approximately $28 million. The hospital's traditional role in offering extended treatment to an adult population, predominantly elderly, will remain unchanged, with a continued emphasis on ambulatory services and a day hospital. The first phase of the redevelopment will provide 205 beds in a new building. When the redevelopment is complete the hospital will have 410 beds.

. Expanded intensive care services in several urban hospitals at a total annualized cost of $2,096,200. This expansion included: newborn ventilator capacity, increased from 10 to 15 at St. Boniface General Hospital, and from seven to nine at Children's Hospital, Health Sciences Centre; a four-bed high dependency unit for gynecological-oncology patients at Women's Hospital, Health Sciences Centre; a four-bed addition to the surgical intensive care unit at General Hospital, Health Sciences Centre; and the reopening of six intensive care beds at Misericordia Hospital. Also, plans were approved for an 18-bed intensive care nursery at Children's Hospital, Health Sciences Centre.

. Completed arrangements for the inauguration, early in the next fiscal year, of an air ambulance program to transport critically ill patients to tertiary care centres in Winnipeg. The specially designed Cessna Citation S-11, capable of landing and taking off on a 3200-foot runway, is equipped with life support systems compatible with those in the receiving tertiary hospitals.

- Reached accord with the Manitoba Medical Association to settle future fee disputes by binding arbitration for a three-year period beginning April 1, 1986. Under the terms of the Statement of Intent, the Manitoba Medical Association will undertake to conduct economic studies to identify and control unwarranted annual increases in utilization of medical services; to determine the cost-effectiveness of new technology; to review the current medicare fee schedule; and to consult with the Commission, the University of Manitoba, and the College of Physicians and Surgeons to develop a realistic medical manpower policy for Manitoba.

- Fulfilled a need which has been publicly expressed since 1955 by the opening of the Manitoba Adolescent Treatment Centre on October 2, 1984, at a total cost of $3,900,000. Of unique architectural design, the centre provides homelike surroundings for 25 residents in two separate living units and a school with room for the residents and 25 out-patients. The centre eliminates the necessity for young people between the ages of 12 and 21 to receive treatment for serious psychiatric illness outside Manitoba.

- Planned a province-wide Diabetes Education Program in cooperation with Manitoba Health, tertiary care hospitals and the Manitoba Branch of the Canadian Diabetes Association. The program will make education in diabetes management available to those with diabetes and their families in all health regions of Manitoba. It will help to improve the skills of health professionals serving those with diabetes by planned coordination between tertiary care experts in disease management and public health personnel. Public education, aimed at encouraging preventive lifestyles, is a component of the program. An Advisory Committee will oversee implementation of the program and monitor its operation and results.

- Participated on a Manitoba Nursing Review Committee, appointed by the Minister of Health, headed by Mr. Justice J. F. O'Sullivan, and mandated to review and comment on the following: the role of the licensed practical nurse in relation to present and future needs; the expectations of employers of licensed practical nurses in relation to educational programs available to them; the supply and utilization of various categories of nurse in relation to present and future provincial needs; the financial implications to Manitoba of current trends in employment practices relating to nurses; and other issues relevant to the study.

- Participated on an Interdepartmental Task Force on the Young Disabled in Personal Care Homes. Released by the Minister of Health in February,1985 the Task Force report recommends provision of a wider range of living options for young disabled and the active participation of the disabled in decisions affecting them.

- Collaborated with the Directorate of Research and Planning in the preparation of a position paper on Community Health Clinics as an alternative way to deliver primary health care. The paper has been approved by the Commission Board and submitted to the Minister of Health.

MANITOBA HEALTH SERVICES COMMISSION

Members:

Evelyn Shapiro, Chairperson
T. R. Edwards, C.A., Vice-Chairman
Sister Bertha Baumann
Dianne Howell
Allan Rosky
Rene Toupin
Sue Wood, M.D.

D. B. Nelson, Secretary

The Commission Board is responsible for performing the duties and functions assigned to it by the Lieutenant Governor in Council and the Minister of Health in accordance with The Health Services Insurance Act and other relevant legislation. Legislation specifically requires the Commission to:

- provide insurance to Manitoba residents for hospital, personal care, medical and other specified health services;
- ensure that adequate standards are maintained in hospitals, personal care homes and related health facilities; and
- with the approval of the Minister, plan, organize and develop throughout the province a balanced and integrated system of hospitals and related health facilities and services.

The Commission met seven times in 1984/85 and dealt with a variety of issues. These included construction projects, facilities' budget policies and appeals, the Commission operating budget, new program initiatives, cost reduction options, and insured health services. Fifteen delegations, appealing budgets and presenting other matters for discussion, were received and heard at Commission meetings.

MEDICAL REVIEW COMMITTEE

Members:

A. G. Rogers, M.D., Chairman
A. A. Earn, M.D.
S. Kay, M.D.
M. Wahn, Ph.D.
S. Fleming, M.D. (effective June 1, 1984)
I. Elliott, M.D. (effective September 1, 1984)
K. Collier, M.D. (effective October 1, 1984)
P.G.W.A. Lommerse, M.D. (to June 1, 1984)
D. McQueen, M.D. (to September 30, 1984)
W. G. Warrian, M.D. (to September 30, 1984)

N. Yourechuk, Secretary

The Medical Review Committee, established under The Health Services Insurance Act, reviews patterns of medical practice. It is composed of nominees of the Manitoba Health Services Commission, the Manitoba Medical Association and the College of Physicians and Surgeons.

From April 1, 1984 to March 31, 1985 the committee met 15 times. It heard appeals from 15 physicians regarding assessment of their claims by the Manitoba Health Services Commission and reviewed 250 physicians' patterns of practice. Explanations were found for 189 of these patterns. The remainder were subject to one or more of the following actions:

- 61 physicians were notified by letter that their patterns of practice varied from the peer average and were under review. Twenty-four physicians provided acceptable explanations.

- The committee completed a formal review that commenced in 1982 of one physician's pattern of practice.

- Three physicians were ordered to repay the sum of $195,813.17. One order has been appealed to a Board of Arbitration. One physician applied to the courts to have the order quashed.

- As of March 31, 1985, 37 physicians' patterns of practice were at various stages of review.

In addition to the above, the committee:

- Considered a complaint from a registrant which was subsequently referred to the Complaints Committee of the College of Physicians and Surgeons of Manitoba.

- At the request of the Manitoba Health Services Commission, authorized the mailing of audit confirmation statements to all patients of three physicians.

- Wrote letters to 11 physicians suggesting a self-review of their patterns.

- Referred the pattern of diagnostic service utilization of one physician to the Standards Committee of the College of Physicians and Surgeons of Manitoba.

DENTAL REVIEW COMMITTEE

Members:

J. D. Chimilar, D.M.D., Chairman
B. Friesen, D.M.D.
I. Micflikier, Periodontist
G. Potter, D.M.D.
P. Walton, D.M.D. (From July 31, 1984)
J. Wener, D.M.D.

The Dental Review Committee monitors claims for dental surgery and related hospital services, analyzing claim forms for dentists and hospitals with dental certificates and x-rays.

From April 1, 1984 to March 31, 1985 the committee met eleven times and reviewed 4,350 hospital and dental claims to determine whether these qualified as insured services. Based on this review 12 claims were rejected and 18 claims were adjusted.

PHARMACARE COMMITTEE

Members:

K. Brown, B.Sc.Pharm., Chairman
M. Morry, B.Sc.Pharm.
A. Bell, B.Sc.Pharm. (To April 27, 1984)
A. Pringle, B.Sc.Pharm.
R. Sanders, B.Sc.Pharm.
J. Boyko, B.Sc.Pharm. (To December 31, 1984)
A. Orlikow, B.Sc.Pharm.
S. Fingerote, B.Sc.Pharm. (From June 18, 1984)
G. Lawson, B.Sc.Pharm. (From January 1, 1985)

The Pharmacare Committee is composed of pharmacists from government and private practice. Its dual purpose is to provide professional guidance in determining which drugs should be included as benefits under the Pharmacare Program and to maintain contact with practicing pharmacists.

From April 1, 1984 to March 31, 1985 the committee met once to review administrative procedures related to the Pharmacare Program and to recommend revisions to the schedule of eligible drugs.

MEDICAL APPOINTMENTS REVIEW COMMITTEE

Members:

I. Trueman, Chairman
E. Backman
F. P. Doyle, M.D.
D. Gerrie
R. G. Handford, M.D.
J. F. S. Hughes, M.D.
D. N. C. McIntyre, M.D.
G. Patrick
W. H. Pendree
H. M. Ross, M.D.
K. J. Woodman, M.D.

D. B. Nelson, Secretary

The Medical Appointments Review Committee hears appeals filed by physicians whose applications for medical staff privileges have been refused or whose privileges have been reduced or terminated. It also hears appeals concerning applications which have not been attended to within a reasonable time. Appeals are heard only when applicants have exhausted all rights of appeal at the hospital concerned.

From April 1, 1984 to March 31, 1985 the committee received two appeals. One was dealt with administratively; the other was formally heard by the committee.

In one case, contact with the hospital in question determined that the physician's application would be considered the following week. The physician did not again contact the committee.

The formal appeal to the Committee was from a physician who wanted admitting privileges but also exemption from the hospital's requirement that all medical staff participate on the on-call, out-patient roster. Following consideration of presentations by the physician and the hospital, the Committee unanimously recommended that the appeal be denied and that the attaining of privileges should be conditional on the physician's acceptance of the regulations established by the hospital. It was further recommended that the physician should have access (referral of patients) to all physiotherapy and diagnostic services offered in the hospital.

ACCESS AND CONFIDENTIALITY COMMITTEE

Members:

K. Brown, M.D., Chairman	College of Physicians and Surgeons of Manitoba
N. Donen, M.D.	St. Boniface General Hospital
G. Fletcher	Manitoba Health Organizations, Incorporated
B. J. Kaufman, M.D.	Health Sciences Centre
S. Morris	Manitoba Medical Association
S. Storry	Manitoba Health Records Association
F. Toll, Secretary	Manitoba Health Services Commission

The Access and Confidentiality Committee advises the Commission on the confidentiality of and appropriate access to health services data in its computerized information system.

From April 1, 1984 to March 31, 1985 the committee met three times. Seven requests for access to Commission data were considered; all were recommended for Commission approval.

STANDING COMMITTEE ON MEDICAL MANPOWER

Members:

George Johnson, M.D., Chairman	Manitoba Health Services Commission
R. J. Boyd, M.D.	Manitoba Medical Association
C. Dow, M.D.	Manitoba Medical Association
G. Gelowitz	Manitoba Health Organizations, Incorporated
A. Goldstein	Universities Grants Commission
R. A. Bailey, M.D.	College of Physicians and Surgeons of Manitoba
H. J. Gilmour	Urban Municipalities Association
J. Neufeld	Union of Manitoba Municipalities
L. Bellan, M.D.	Professional Association of Residents and Interns of Manitoba
B. Postl, M.D.	University of Manitoba
T. Williams, M.D.	Cadham Provincial Laboratory
Mrs. D. Russell	Manitoba Health Services Commission
D. Pascoe	Manitoba Health
M. J. Painchaud, Acting Secretary	Manitoba Health Services Commission

The following offered special assistance:

J. Wilt, M.D.	Assistant Deputy Minister, Community Health Programs, Manitoba Health
T. A. J. Cunnings, Ph.D.	Manitoba Health Services Commission

The Standing Committee on Medical Manpower, financed by the Manitoba Health Services Commission, reports to the Minister of Health and the Minister of Education. It monitors Manitoba's need for physicians, addresses problems of supply and maldistribution of physicians, and recommends corrective action.

The committee regularly reviews trends in physician population. The ratio of physicians to population in Manitoba compares favourably with the national average.

Vacancies continue to exist in some rural localities and in some specialty areas. The latter condition is nationwide. To redress these shortages the committee oversees an incentive program. This program supports medical students in summer job experience in rural areas; offers loans to senior students who agree to practice in an underserviced area; offers rural residencies at the University of Manitoba to physicians who wish post-graduate training in specialties needed in rural areas; and makes incentive grants to physicians wishing to establish practice in medically underserviced areas.

Since 1983 the committee has assumed the major responsibility for placement services for physicians seeking rural practice and communities seeking physician services.

The committee also monitors physician immigration as approved by federal and provincial immigration authorities.

Details of the programs are to be found in the Annual Report of the Standing Commttee on Medical Manpower, including data concerning physician supply and distribution.

STANDING COMMITTEE ON DIAGNOSTIC SERVICES

Members:

J. C. Wilt, M.D., Chairman	Manitoba Health
R. Banerjee, M.D.	Manitoba Medical Association
T. A. Yeo, M.D.	Manitoba Medical Association
J. N. Briggs, M.D.	College of Physicians and Surgeons of Manitoba
R. O. Hinch, M.D.	College of Physicians and Surgeons of Manitoba
D. Bowden, M.D.	University of Manitoba
J. Lane	Citizen Representative
T. A. J. Cunnings, Ph.D.	Manitoba Health Services Commission
R. H. Harvey	Manitoba Health Services Commission
F. Toll, Secretary	Manitoba Health Services Commission

Resource Consultants

H. Friesen	Manitoba Health Services Commission
J. Lock	Manitoba Health Services Commission

The Standing Committee on Diagnostic Services was established in April 1984 with the following terms of reference:

- To review all applications for new or expanded diagnostic facilities.
- To consider whether or not any new facilities, or expanded services in facilities already in place, should or should not be recommended for approval.

- To make appropriate recommendations to the Manitoba Health Services Commission for guidance in making decisions with respect to the subject matter of the applications.
- To act as a reference and consultative body about problems in the operation of diagnostic services which the Minister of Health or the Manitoba Health Services Commission may refer to it.

The Standing Committee on Diagnostic Services follows specific policies and guidelines in the consideration of applications and, from time to time, calls upon expert advisors to assist with its deliberations.

The committee met four times in 1984/85 and considered 19 requests. Ten were recommended for approval and five were not. Of the four remaining, one was withdrawn and resolution of three was still pending on March 31, 1985.

ELIGIBILITY FOR INSURED HEALTH SERVICES AND BENEFITS

All Manitoba residents are entitled to insured health benefits provided by the Manitoba Health Services Commission. This applies when they are in Manitoba or when visiting elsewhere. When health services are required as the result of injuries through the negligence of a third party, all or part of the costs are recoverable from insurance companies.

Newcomers from other provinces or territories establishing permanent residence in Manitoba must wait three months for all benefits, except residence in a personal care home (see last two paragraphs). During this three-month period, new residents should retain health insurance coverage with the plan of their former province or territory. Manitobans leaving the province permanently are provided with coverage for a similar period under the Manitoba Plan.

If a person taking up permanent residence in Manitoba has previously resided in another country, benefits are available on the date of arrival in Manitoba.

New residents are required to register themselves and their dependents with their employer, with the municipality where they live, or with the Commission.

Former residents of Manitoba, who previously resided in this province for 30 years or more, are eligible to be considered for personal care home benefits on the date of their return to Manitoba as permanent residents, provided they qualify for placement in a personal care home as determined by an assessment panel.

Newcomers to Manitoba and former residents with less than 30 years' residency are eligible for personal care benefits after living in Manitoba for 24 consecutive months, provided they can comply with the requirements of an assessment panel. The Commission may waive the residency requirement if such a waiver is desirable to avoid the inappropriate use of other health resources.

HOSPITAL PROGRAM

The costs of hospital services and hospital construction constitute the largest expenditures for health care administered by the Commission.

Hospital Insured Services

Health services provided to persons in hospital as insured services are:

- standard ward accommodation and meals (for preferred accommodation a hospital may bill a patient directly)
- necessary nursing services
- laboratory, radiological and other diagnostic procedures
- drugs, biologicals and related preparations
- use of operating room, case room and anaesthetic facilities
- routine surgical supplies
- radiotherapy, physiotherapy, occupational and speech therapy

Most out-patient services are insured. In some cases the hospital may charge for take-home supplies of drugs and dressings.

In 1984/85 insured hospital services cost $581.7 million. This included 1,800,301 insured days for separated patients; 1,717,639 for adults and children, and 82,662 for newborns.

Hospital Construction

In 1984/85 capital costs of completed hospital construction totalled $25,207,250.

This amount is made up of five major projects and 37 emergency, Fire Commissioner and health facility regeneration projects. The major projects were Children's Hospital and haemodialysis relocation, Health Sciences Centre; Adolescent Treatment Centre, Winnipeg; St. Claude Hospital and Computerized Energy Management Systems at hospitals in Killarney, Roblin, Teulon and Boissevain.

In 1984/85 construction commenced on 13 projects at a total estimated cost of $92,248,379. Eight of these projects, totalling $47,348,379 are at the Health Sciences Centre, Winnipeg. This amount includes $34,738,366 for the Medical Support Services Building. The other projects are Gladstone Hospital, Dauphin General Hospital, Workplace Safety upgrading, Municipal Hospital; building service upgrading, St. Boniface General Hospital; and an addition to Concordia General Hospital, Winnipeg.

PERSONAL CARE HOME PROGRAM

The Personal Care Home Program provides insured benefits for persons residing in personal care homes who have been assessed as requiring a specific level of care. Benefits under the program include the following:

- accommodation at the standard ward level
- meals, including special and therapeutic diets
- necessary nursing services
- routine medical and surgical supplies
- prescribed drugs, biologicals and related preparations approved by the Commission
- physiotherapy and occupational therapy services
- routine laundry and linen services
- other goods and services approved by the Commission

Residents of personal care homes pay a daily residential charge. At March 31, 1985 this was $14.80.

In 1984/85 insured services in personal care homes cost $146.1 million. This comprised approximately 3.0 million resident days in 115 facilities.

Construction Program

In 1984/85 five personal care home projects were completed at a total cost of $8,030,023. These are at Reston, Lac du Bonnet, Carman, Steinbach, and Selkirk.

In 1984/85 construction began on the Salvation Army Personal Care Home, Brandon. The estimated cost is $4 million.

Adult Day Care

Adult Day Care is a health-social service program with the purpose of strengthening the individual's ability to remain independent in the community. In 1984/85 the number of Adult Day Care programs increased to 45 from 35. Programs now exist in all eight Manitoba Health regions.

Respite Care

The Respite Care Program began in 1980 in personal care homes choosing to participate. It offers intervals of relief to families providing care for dependent relatives. In 1984/85 there was an increase of 11.7 percent in the number of cases. Most of these occurred in Winnipeg due to the introduction of a centralized referral service.

Task Force on the Young Disabled in Personal Care Homes

In January, 1983 an Interdepartmental Task Force on the Young Disabled in Personal Care Homes was established to identify the needs and concerns of the young disabled in personal care homes. It also examined living accommodation options and Home Care services available to the young disabled.

Released by the Minister of Health in February, 1985, the report supports:

a) Opportunities for the disabled to achieve more flexible and independent lifestyles.

b) Provision of a wider range of options in living accommodations.

c) Active participation of the disabled in decisions and plans to meet the needs and concerns of the disabled community.

MEDICAL PROGRAM AND OTHER HEALTH SERVICES

The medical program provides insured physician services in facilities, in the physician's office or in the patient's home. Rates of payment for various medical procedures are based on a Schedule of Benefits negotiated between the Commission and the Manitoba Medical Association. In 1984/85 the Commission processed 7,161,499 physicians' claims totalling $177.6 million.

Also insured are certain services provided by optometrists, chiropractors, and dental surgeons.

Optometric benefits include a complete eye examination with refraction and prescription performed annually or as medically required. The initial fitting and cost of contact lenses following congenital cataract surgery is insured. In 1984/85 the Commission processed 181,889 optometric claims totalling $4.0 million.

Chiropractic services are insured up to a maximum dollar amount for each individual for benefits received during a calendar year. In 1984/85 the Commission processed 431,969 chiropractic claims totalling $6.8 million.

Insured dental services include certain surgical procedures when performed in a hospital by registered dentists or oral surgeons. In 1984/85 the Commission processed 5,674 dental claims totalling $1.2 million.

Specific prosthetic and orthotic devices and services, including certain limb and spinal braces, are also insured when prescribed by a medical practitioner. In 1984/85 16,654 devices and services cost $1.8 million.

The cleft lip/palate program insures the cost of routine dental maintenance; prosthetics, including crowns and bridges; and services of orthodontists for children under 18. In 1984/85 the Commission processed 610 cleft lip/palate claims totalling $83,200.

Breast prostheses and surgical brassieres are insured up to a maximum limit of $125 per prosthesis. The program allows two prostheses to be purchased every four years for a single mastectomy or four for a double mastectomy. A subsidy of $10 per surgical brassiere up to a total of two brassieres in each 12-month period is provided. In 1984/85 the Commission processed 1,507 claims for mastectomy prostheses totalling $139,500.

For children under 18 the Hearing Aid Program provides for reimbursement of 80 percent of the cost of a hearing aid every four years and approved services in excess of a deductible amount of $75. Additional hearing aids may be subsidized during the four-year period if they are medically required and if the purchase is supported by a statement from an otolaryngologist or an audiologist. In 1984/85 the Commission processed 119 audiological claims totalling $46,600.

Orthopaedic shoes are insured for children under 18. The Commission pays 50 percent of the cost of stock shoes up to a maximum benefit of $23.65; 50 percent of the cost of shoes for children with different sized feet to a maximum benefit of $35.50; and 50 percent of the cost of custom-made shoes to a maximumn benefit of $118.25. Four dollars and seventy-five cents ($4.75) per pair of shoes is allowed for alterations. Insured purchases are limited to two pairs of shoes in 12 months. In 1984/85 the Commission processed 923 claims totalling $21,500.

The Commission insures telecommunication devices for the profoundly deaf. This equipment makes it possible to conduct telephone conversations by keyboard and display terminal. Qualified purchasers of such equipment receive 80 percent of the cost in excess of a deductible amount of $75 to a maximum of $364. In 1984/85 the Commission processed 42 claims for such devices totalling $13,200.

The Commission partially insures eyeglasses for persons over 65. This program pays 80 percent of the cost towards approved maximum amounts for prescribed eyeglasses including dispensing fees, lenses and standard frames over a deductible amount of $50. In 1984/85 the Commission processed 18,847 claims for eyeglasses totalling $717,900.

LABORATORY AND X-RAY SERVICES PROGRAM

The Laboratory and X-Ray Services Program (LAXUS) provides primary and reference laboratory, radiology, EKG, and ultrasound services in rural areas of Manitoba. The Cadham Provincial Laboratory provides province-wide diagnostic, public health, and reference laboratory services. Quality control programs for the Laboratory and X-Ray Services Program are coordinated centrally.

In 71 rural and northern areas, hospitals and their associated communities receive varying levels of laboratory, radiological, electrocardiographic, and diagnostic ultrasound services through the local and regional LAXUS diagnostic units.

The microbiology section of Cadham Provincial Laboratory continues to receive an increased number of specimens from physicians to confirm the diagnosis of infections caused by Chlamydia trachomatis. The use of monoclonal antibody for direct testing for Chlamydia trachomatis has proved to be highly successful and cost effective. Other rapid diagnostic methods have been introduced into rural areas for streptococcal and gonococcal infections.

In the virus laboratory, efforts continue to introduce more rapid techniques for detection of viruses causing enteric and respiratory infections. Herpes simplex isolates continue to increase and five neonatal infections were documented.

The Metabolic Diseases Screening Program continued to test all Manitoba newborns for thyroid, carbohydrate and amino acid disorders. These screening tests are designed to detect many diseases before they cause irreparable damage to the infant. In 1984/85 the program identified one neonate with galactosemia, two with congenital hypothyroidism, two with Hartnup disease, one with cystinuria, three with histidinemia and one confirmed to have phenylketonuria (PKU).

The serology section reported an increase in the number of cases of syphillis and hepatitis A virus infections in Manitoba. Several carriers of hepatitis B virus were detected among pregnant women. To prevent the risk of newborns becoming chronic carriers of hepatitis B, new tests were evaluated to speed the diagnosis of infections and auto-immune diseases. Studies have identified a recently described cause of parasitic gastroenteritis, a cryptosporidium, mainly among children.

The environmental microbiology section was involved in various microbiological studies of water and wastewaters. For example, Shoal Lake water was tested for enteric viruses and parasites and Roblin's sewage effluent was monitored to determine whether it could be used for spray irrigation of agricultural land. Water samples from locations on Lake Winnipeg and Lake of the Woods were tested to ensure that their water quality met the federal guidelines for recreational waters. Spot checking of well waters for nitrates was transferred to the Ward Technical Laboratory.

PHARMACARE PROGRAM

The Pharmacare Program protects Manitobans from financial hardship resulting from expenses for prescription drugs. For the calendar year 1984 this program covered 80 percent of the costs of eligible prescription drugs in excess of an initial deductible amount of $50 for persons 65 years and over and their families. For persons under 65 the deductible amount was $75 but was increased to $100, effective January 1, 1985.

Advice and guidance on the listing of currently eligible drugs and other matters relating to the Pharmacare Program is provided to the Commission by a committee of representatives of the Manitoba Pharmaceutical Association.

In 1984/85 the Commission processed 149,000 claims totalling $25.6 million.

NORTHERN PATIENT TRANSPORTATION PROGRAM

The Northern Patient Transportation Program (N.P.T.P.) pays ground and air transportation costs for emergencies and urgent hospital-to-hospital transfers as well as transportation costs for certain elective cases. To be eligible northern patients must require medical transportation from within the following areas:

- North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg
- North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Under this program emergency and urgent hospital-to-hospital transportation is administered by the Commission while transportation for elective hospital and medical treatment is administered by regional authorities.

Some specific benefits include:

- return transportation for patients transferred from hospitals in northern Manitoba to any other hospital in the province;
- return transportation for persons requiring elective hospital and other medical treatment which is not available at their place of residence;
- return transportation for a patient's escort who may be a doctor, nurse, parent or other authorized person;
- escort's reasonable overnight room and board expenses.

In 1984/85 13,417 transportation warrants were processed under the program at a cost of $2.6 million. The actual number of warrants issued reflects an increase of 8.5 percent over 1983/84, while the cost increase was 4.0 percent.

EMERGENCY HEALTH SERVICES PROGRAM

Planning comprehensive, province-wide responses to health emergencies during times of disaster, coordinating emergency transporation and evacuation procedures, and allocating supplies and equipment under extreme circumstances, are key components of the Emergency Health Services Program. Also, the Commission assists individual hospitals and personal care homes in developing written plans to cope with local internal and external disasters. The Commission also assists facilities with mock disaster exercises, undertaken to ensure the feasibility of disaster plans. During the year, 15 such exercises were conducted.

Emergency Health Services was charged with the medical management of the visit of Pope John Paul II to Winnipeg on September 16, 1984. This entailed coordinating 650 volunteers from hospitals, ambulance services, the Red Cross Society and the St. John Ambulance Brigade. Planning began in November, 1983. A description of this operation is on page 46.

AMBULANCE SERVICES PROGRAM

The Manitoba Ambulance Services Program is an annual grant assistance program to municipal governments based on per capita payments from the Commission to municipalities requesting assistance in providing ambulance service. The grants may be applied towards the purchase of ambulance vehicles and equipment or to subsidize operating costs. In 1984/85 1,500 licensed drivers or driver/attendants operated 127 ambulances throughout the province, with 185 municipalities and towns plus 19 local government districts receiving approximately $1.9 million in grants under the program.

Each ambulance service and all drivers and driver/attendants are licensed annually. The majority of drivers and driver/attendants are community volunteers, except in Winnipeg, Brandon, Thompson, Selkirk and Flin Flon, which have full-time staff. Ambulance vehicles and equipment are inspected to ensure compliance with minimum standards.

The training program for ambulance personnel has now certified 678 people at the first responder level. This program was developed and coordinated by staff and delivered throughout the province by 75 certified volunteer instructors.

Ambulance Service training is now reviewed and approved by a provincial Medical Advisory Board composed of rural and urban physicians, nurses and ambulance personnel. Specific performance criteria are established to guide pre-hosptial care providers in critical situations.

In 1984/85 the Commission signed an agreement to lease a Cessna Citation S-11 as an air ambulance. Before selecting the aircraft, Commission personnel consulted with nurses, ambulance attendants, paramedical technologists and specialists in emergency medicine, cardiology, pediatrics, and neonatology on the type of air ambulance service most suited to Manitoba's needs. Meetings were also held with representatives of northern communities and hospitals in Brandon and Dauphin. These consultations contributed to the design and conversion of the aircraft to its ambulance configuration with life support systems compatible with those at receiving hospitals.

ADMINISTRATION

On March 31, 1985, the Commission employed 660 people compared to 661 on March 31, 1984. This includes several positions filled by two job-sharing employees. The Commission's administrative costs in 1984/85 were $13.8 million or 1.4 percent of total expenditures.

In 1984/85 the Commission provided work experience for twelve individuals. Eight students enrolled in high school and college programs and two from the Manitoba School for the Deaf worked as clerks and secretaries. Work experience was also provided for one disabled person, sponsored by the Society of Crippled Children and Adults, and one trainee from the Core Area Initiatives Training and Employment Program. Two people who participated in the work experience program were subsequently employed in regular positions at the Commission.

In the summer of 1984 the Commission employed 14 students, through the Student Temporary Employment Program, in a variety of projects, including several related to health research. One student prepared workplace profile data and statistics necessary for the Commission's Affirmative Action Program.

One graduate student in the University of Toronto Health Administration program is completing his practicum at the Commission from January to June 1985.

During the year, 70 University of Manitoba fourth-year medical students attended six educational seminars at the Commission. Senior staff representing various Commission divisions participated in two-hour sessions consisting of presentations, a question and answer period, and a tour. The meetings are designed to provide students with an overview of the Commission's organization, functions, and programs. The Faculty of Medicine, at whose request the seminars were initiated several years ago, considers these meetings an important component of the students' education. Two recent medical graduates, enrolled in the Faculty of Medicine's Community Medicine Residency Program, spent a total of six weeks at the Commission obtaining an overview of its operation.

RESEARCH AND PLANNING

The Directorate of Research and Planning was established in 1982 to consolidate research and planning for Manitoba Health and the Manitoba Health Services Commission. The directorate coordinates the planning of insured medical and institutional services funded through the Manitoba Health Services Commission with public health, home care, mental health institutions, community mental health, and other regional services provided by Manitoba Health.

In 1984/85 the directorate was represented on and provided support services for the Mental Health Advisory Committee, which received 25 oral/written submissions and 50 written briefs from individuals and agencies. The committee reported to the Minister in June, 1984 and its report received approval in principle from Cabinet in November, 1984. The Mental Health Advisory Committee was formed to seek professional and community reaction to the Report of the Working Group on Mental Health, published in November, 1983. This group reviewed mental health services in Manitoba and recommended a more balanced and integrated approach to service delivery.

The Minister of Health established a Health Services Review Committee in December, 1983 and appointed the Director of Research and Planning chairman of the steering committee. The directorate also provides support services to the subcommittees. The 158 committee members represent the College of Physicians and Surgeons of Manitoba, the Manitoba Association of Registered Nurses, the Manitoba Medical Association, the University of Manitoba, urban and rural hospitals, and senior government staff. The committee's mandate is to review health care issues and report to the Minister.

In federal-provincial relations, the directorate reviews and assigns provincial priority ratings to Manitoba submissions to the National Health Research Development Program. A member of the directorate serves on the Scientific Review Committee. The directorate attends manpower-related committee meetings at the interprovincial and federal-provincial levels. Consultation is provided on the development of federal dental hygiene standards and on nursing standards, to the World Health Organization, European region. A federally-funded research project to evaluate the quality of nursing care was co-sponsored by the directorate and the Manitoba Association of Registered Nurses. The directorate served as principal investigator and consultant in two federal research applications. The directorate has published articles in international journals, contributed chapters to two books, and presented papers at national and international conferences.

In consultation with Dr. R. Evans, health economist, University of British Columbia, the directorate has conducted a medical and hospital services utilization review. Historical data from 1971/72, 1976/77 and 1981/82 were examined for changes in health care utilization during this decade. The report has been submitted to the Minister.

The directorate serves as secretary to the Manitoba Nursing Review Committee, established by the Minister in January, 1984, to examine the utilization, preparation and supply of the various categories of nursing personnel. Chaired by Justice J. F. O'Sullivan, the committee has representation from the Manitoba Association of Registered Nurses, the Manitoba Association of Licensed Practical Nurses, the Manitoba Association of Registered Psychiatric Nurses, the Manitoba Organization of Nurses Associations, the College of Physicians and Surgeons of Manitoba, the community, and senior government staff. The report will be sent to the Minister of Health in May, 1985.

Other directorate activities completed or in progress include:

- A review of C.T. scanner utilization in Canada and Europe.
- Preparation of a position paper on community health clinics as an alternative way to deliver primary health care. The paper, prepared in collaboration with the Facilities Divisions of the Manitoba Health Services Commission, has been approved by the Commission Board and submitted to the Minister of Health.

- Assessment of the sociodemographic characteristics and nursing acuity of all medical patients in Winnipeg hospitals in November, 1984, will be compared with data to be obtained in February, 1985.
- Consultation with the First Nations Confederacy on a regular basis about special health concerns of Status Indians.
- Development of a day hospital database for the evaluation of provincial day hospital activities.
- Evaluation of the Maternal Early Discharge Program at St. Boniface Hospital.
- Collaboration in the development of a home care program for mothers with pregnancy-induced hypertension and in the design of an evaluation process.
- Review of relevant literature in key health care areas.
- An interprovincial study on the needs of organ transplantation.
- A resident from the University of Manitoba, Faculty of Medicine's Community Medicine program rotated through the Directorate for two months.

PAPAL VISIT

The eight-hour visit of Pope John Paul II to Winnipeg on September 16, 1984, placed an unprecedented responsibility on the Emergency Health and Ambulance Services Section of the Manitoba Health Services Commission.

Ten months before the event the Commission was requested, by the Government of Manitoba, to plan, coordinate, and administer a massive medical emergency service for an estimated 400,000 people, at least 300,000 of whom were expected to attend an outdoor mass at Bird's Hill Provincial Park. Others would attend pontifical ceremonies at St. Vladimer and Olga Cathedral on McGregor Street and St. Mary's Cathedral on St. Mary Avenue, or to line the parade route.

No event of this expected size had ever occurred in Manitoba. To obtain information on how to plan for the emergency medical service needed, Commission personnel visited Des Moines, Iowa, where a similar outdoor papal mass was held in 1979. This visit led to the formation, in December, 1983, of a main Medical Advisory Committee representing the College of Physicians and Surgeons of Manitoba, the nursing profession, the Manitoba Branch of the Red Cross Society, the St. John Ambulance Brigade, Winnipeg Corps; hospital administrators, the Manitoba Health Organizations, Inc., the Department of Health, City of Winnipeg; and the Winnipeg Ambulance Service. The committee agreed unanimously that all participation should be voluntary and that there be four of levels service.

The Red Cross and the St. John Ambulance Brigade provided volunteers for first aid teams for 55 corrals each expected to hold from 4,000 to 10,000 people. Their function was to monitor the crowd, treat minor casualties and transport others to the second level of care, the first aid stations.

Volunteer hospital coordinators assessed the needs in staff and equipment for each of 10 first aid stations housed in 30 foot square tents donated by the Canadian Army. Studies revealed that an average of 0.1 percent of people attending similar gatherings presented with medical emergencies. Nine tents were located on the periphery of the mass site and one at the bus stop, two kilometers distant. On the date of the mass each of six hospitals took charge of one first aid post providing 26 medical and nursing staff, 10 folding hospital beds, 30 blankets, 10 pillows and pillow cases, medical supplies, tables, chairs, cabinets and refrigeration. The six were Stonewall and District Health Centre, Morden District Hospital, Bethesda Hospital, Steinbach; Concordia General Hospital, Victoria General Hospital and the Salvation Army Grace Hospital. Misericordia General Hospital and the Health Sciences Centre, each took charge of two first aid tents.

St. Boniface General Hospital staffed and equipped the third level of care, a main medical centre. At the fourth level, Seven Oaks General Hospital was chosen as the primary receiving hospital because of its proximity to the mass site and because it has a helicopter landing pad. The entire hospital's emergency department, with extra staff and volunteers, was on duty all day to receive casualties.

A subcommittee in charge of logistics and supplies took charge of arrangements to pick up medical volunteers at their hospitals of origin on the morning of September 16, returning them at night. This subcommittee also organized volunteer drivers to pick up equipment and supplies at each participating hospital, deliver them to their destination at the mass site, then return them when the mass was over. Some of the vehicles for this operation were donated by the Government of Manitoba and some by Canada Post.

Another subcommittee was responsible for seeing that each first aid station had light, water, refrigeration and telephone.

Red Cross volunteers in a van parked near the main medical centre kept a register of the injured and the lost, providing information to anxious relatives and friends.

A subcommittee in charge of ambulances obtained the voluntary services of 13 vehicles and crews. These came from Altona, Falcon Lake, Dauphin, Gimli, Morden, Neepawa, Ste Rose, Selkirk, Steinbach, Stonewall, Teulon and Winkler with one, Moto Medic, from Winnipeg. The ambulance subcommittee also obtained the use of three helicopter-ambulances.

A subcommittee of the City of Winnipeg Department of Health was in charge of medical emergency services in the city. The Winnipeg Clinic volunteered to open on Sunday to receive casualties from the Memorial Boulevard parade route. A first aid post and a Red Cross information booth were placed close to the two cathedrals where the Pontiff conducted services.

The fact that the crowd at the papal mass was much smaller than anticipated reduced the number of casualties at the mass site to 282. The list of presenting conditions included bee stings, blisters, muscle spasms, eye injuries, hypothermia, sunburn, nausea, lacerations, sprains, torn cartilage, hypoglycemia, asthmatic and cardiac conditions. Of those seen and treated, 11 were transferred by helicopter-ambulance to Seven Oaks General Hospital.

The cost, a modest $117 per casualty, was achieved largely because 650 medical and first aid personnel donated their time and participating hospitals lent equipment in what was the largest and most complex volunteer medical emergency service ever assembled in Manitoba.

The Manitoba Health Services Commission is grateful to the hospitals, the organizations, and the volunteers for the hard and unstinting work they put into this successful medical emergency operation.

CARDIAC SURGERY PROGRAM

Representatives of the Manitoba Health Services Commission, the University of Manitoba, and Manitoba's two teaching hospitals, have agreed that the best way to provide adequate cardiac surgery services for Manitobans was to develop one unified program to function in three hospitals: St. Boniface General Hospital, the General Hospital and the Children's Hospital, Health Sciences Centre.

For the past 23 years Manitoba's cardiac surgery needs have been met by a successful program started in 1959 by Dr. Morley Cohen at St. Boniface General Hospital. However, by 1980 this unit had reached its maximum caseload with a growing waiting list. Manitoba was therefore faced with the necessity of expanding the unit at St. Boniface General Hospital or instituting another unit at the Health Sciences Centre, which had suspended its adult cardiac surgery program in 1969.

A modern cardiology and cardiovascular thoracic surgical program relies on a highly-skilled surgical team aided by a complex, costly and rapidly developing technology and specialized support staff. Thus, every jurisdiction must use its resources with the utmost efficiency, avoiding unnecessary duplication of the service.

Before authorizing either the expansion of the existing service at St. Boniface Hospital or the development of another service at the Health Sciences Centre, the Minister of Health appointed an Advisory Committee on Cardiac Surgery in January, 1982. Composed of three members each from the Manitoba Health Services Commission, the University of Manitoba, the Health Sciences Centre, and St. Boniface General Hospital, the Committee's mandate was to recommend on the future development of cardiac surgery in Manitoba, including location, projected volume of service, resource management and costs.

A subcommittee of cardiac surgeons estimated that Manitoba would need to be capable of providing cardiac surgery for between 500 and 600 patients a year. This is in keeping with the experience of other Canadian provinces.

Studies were undertaken by St. Boniface General Hospital and the Health Sciences Centre to determine whether or not there would be any material difference in the cost of expanding existing cardiac surgery resources or establishing a new unit. The estimated difference in cost per case between the two alternatives was not significant.

The University of Manitoba, Faculty of Medicine and both teaching hospitals were asked to provide the committee with their views on the best way to increase Manitoba's capacity for cardiac surgery.

St. Boniface General Hospital cited economies of scale and the experience of its surgical team, including nurses, technologists, and other support staff, in favor of expanding the existing unit.

The University of Manitoba, Faculty of Medicine, while recognizing the need to limit unnecessary duplication of expensive technology, favored a cardiac surgery capacity at both institutions stating that teaching hospitals should offer a full range of services.

The Health Sciences Centre said in its brief to the committee that a cardiovascular thoracic program is needed in a tertiary care hospital because approximately 10 percent of all admissions have a cardiac component. Also, frequent emergencies arise in patients too ill to be moved requiring the attention of both a cardiologist and a cardiac surgeon. This applies often to accident victims with chest or major blood vessel injuries. The presence of a cardiac surgery capacity also contributes to the development of other disciplines, such as intensive care, anaesthesiology and cardiology.

Adult cardiac surgery is also supportive of a pediatric cardiac program. Pediatric cardiac surgery at Children's Hospital, established 30 years ago and practically discontinued by 1978, has been re-established and the program strengthened by the appointment of Dr. George Collins, formerly director of the cardiovascular laboratory, Montreal Children's Hospital. The need for pediatric cardiac surgery became pressing with the development of neonatal intensive care, where a frequently encountered problem is congenital heart defect. The need was further emphasized by major developments in pediatric cardiac surgery allowing for the correction of severe malformations. As increasing numbers of infants and children with severe cardiac problems had to be sent for treatment to Toronto, the re-establishment of the Winnipeg program became a necessity.

Confronted with strong arguments in favor of both alternatives, the Advisory Committee on Cardiac Surgery sought the advice of an outside consultant, Dr. Dwight McGoon of Rochester, Minnesota, an internationally recognized authority on cardiac surgery. Dr. McGoon recommended an integrated program with one organizational structure to ultimately encompass surgery, cardiology, cardiac anaesthesiology and cardiac support services with surgeons and personnel moving between the three hospitals. Both teaching hospitals and the University accepted this recommendation.

Winnipeg cardiac surgeons unanimously recommended Dr. J. Barwinsky as head of the program and he accepted the appointment. A graduate of the University of Manitoba, Dr. Barwinsky took residency training in surgery at St. Boniface General Hospital and Winnipeg General Hospital. His post-graduate studies in thoracic surgery were taken at Cleveland Metropolitan General Hospital, Western Reserve University. He has been on the staff of St. Boniface General Hospital since 1962 and has had teaching appointments at the University of Manitoba since 1957.

Since 1984, Dr. Barwinsky has been Head, Cardiovascular and Thoracic Surgery and Head, Division of Cardiac Sciences, University of Manitoba; and he now heads the Sections of cardiovascular and thoracic surgery at both St. Boniface General Hospital and the Health Sciences Centre.

MATERNAL AND CHILD HEALTH

Significant advances in hospital-based programs of maternal and child health care were made in 1984/85.

A shortage of ventilators for newborn infants at Winnipeg tertiary care hospitals was addressed. St. Boniface General Hospital upgraded equipment and improved staff ratios to expand its newborn ventilator capacity from 10 to 15. Children's Hospital, Health Sciences Centre, renovated and upgraded one room adjacent to the intensive care nursery to expand newborn ventilator capacity from seven to nine.

Plans are proceeding for an 18-bed intensive care nursery and for the installation of an ultrasound scanner at Women's Hospital, Health Sciences Centre.

In 1984, the obstetrical unit at St. Boniface General Hospital was completely redeveloped.

The redeveloped unit, which opened in August, 1984, was accomplished in two phases. The first saw the addition of 12 obstetrical beds and 12 nursery beds in an integrated, family-centred unit. The second phase added a six-bed triage nursery, where newborn infants are assessed before being transferred to their mother's room or to the intensive care nursery. During the day infants remain with their mothers and family members are permitted to visit. Nurses are assigned to care for each mother and infant as a unit. Only at night are infants removed to the nursery area. These features distinguish this unit, one of the most modern in Canada, from conventional obstetrical units, where mothers and infants are separated, cared for separately, and can be visited only separately.

The unit also has two alternate birthing rooms; well-appointed, homelike rooms for labor, delivery, recovery, nursery and post-partum care. They are connected by a service area for necessary supplies and equipment. In the event of an unexpected emergency, the interventions of high technology are readily available.

In 1984, the Research and Planning Directorate studied a Maternity Early Discharge pilot program on which the Manitoba Health Services Commission cooperated with the Department of Health, the City of Winnipeg Department of Health, and St. Boniface General Hospital. The results of the study proved the program to be safe, cost-efficient and so popular with low risk mothers and their physicians that it was established on a permanent basis.

The proposal arose out of a growing concern for improved nursing follow-up care for mothers and infants already going home early. It was also seen as a means of improving the utilization of hospital beds. Research elsewhere supports the safety and social advantage of early discharge in cases of uncomplicated maternity. In the Manitoba program, early discharge must be requested by the mother and agreed to by the physician.

In the original study 613 women were discharged after an average length of stay of 2.4 days for normal delivery and 4.6 days for Caesarian delivery. The corresponding averages for all Winnipeg hospitals in 1982/83 were 3.8 and 6.5 days.

Before a patient is accepted for the program public health nurses assess social and domestic factors to ensure that appropriate plans for discharge have been made and that the home environment is supportive.

Post-natal care is the responsibility of public health nurses with combined experience in community health nursing and maternal and child nursing, who have also undergone a period of training at St. Boniface General Hospital specifically for the Maternity Early Discharge Program.

At the time the Maternity Early Discharge Program was planned, another program was planned for women with pregnancy-induced hypertension. In each of the past two years this condition accounted for 100 admissions to the ante natal ward of St. Boniface General Hospital. Since most women respond to the conventional treatment of bed rest and careful monitoring, selected women are remaining at home under the care of public health nurses trained in risk management. This program will allow a more critical selection of those requiring hospital care. The program will be evaluated in the next fiscal year.

In 1982/83 Manitoba established an Obstetric Outreach Program taking portable ultrasound to rural and remote communities to screen pregnant women. This program, operated jointly by St. Boniface General Hospital and the Health Sciences Centre, was studied in 1984. Indications in a preliminary report are that the program is reducing the perinatal mortality rate and the stillbirth rate in the communities served.

SEVEN OAKS GENERAL HOSPITAL

Seven Oaks General Hospital, which admitted its first patient on January 14, 1981 with the opening of 100 beds, is now fully operational. In December 1984 the Manitoba Health Services Commission approved opening the last 24 of a total of 326 beds for a psycho-geriatric unit.

This establishes Seven Oaks General Hosptial as the only community general hospital in Winnipeg with a comprehensive program of Geriatric Medicine.

Of advanced functional design, the hospital is unique in several other respects:

- It is the only community hospital in Winnipeg with a medical-teaching unit accredited by the University of Manitoba and the College of Family Physicians of Canada. Twelve residents are trained in the hosptial and its affiliated out-patient, family clinic, the Kildonan Medical Centre. Preference is given to students considering rural practice.
- Seven Oaks General Hospital has also been approved for the first Manitoba program of ophthalmological day surgery. When operational, early in the next fiscal year, the ophthalmology out-patient unit will be capable of performing 1,000 cataract extractions a year.

- Seven Oaks General Hospital is also the only Manitoba Hospital with a computerized information system linked to the Manitoba Health Services Commission. The comprehensive computer program, developed over the last 18 months by hospital staff, Commission staff, and representatives of Manitoba Data Services, stores data from approximately 80,000 past patient records, and a current flow of 3,400 registrations a month. Formerly all information associated with registration, admitting, transfer, and discharge had to be recorded by hand and stored on patient charts. The system also allows for easy, accurate bed census figures and is capable of modification for future needs.

Today Seven Oaks General Hospital offers a full range of health services in 70 medical beds, 120 surgical beds, 20 psychiatric beds, 110 geriatric beds, including the new 24-bed psychogeriatric unit, and a six-bed intensive care unit. The beds have been phased in gradually since 1981.

In addition, a day hospital accommodates 25 patients and a psychiatric day treatment program, one of six in Winnipeg, treats 40 patients. Out-patient services are available in physiotherapy, occupational therapy, speech therapy, psychiatry and diagnostic testing. A nuclear medicine unit, the last of the diagnostic services originally planned for the hospital, was approved this year and will be in operation early next year.

The psychogeriatric program, occupying the last 24 beds to be opened, has 10 beds for patients with serious psychogeriatric problems, 10 for patients with less serious behaviour problems and four assessment beds. The hospital has also inaugurated a psychogeriatric day treatment program to be carried out in the existing day hospital by specially trained staff. A hospital-based outreach program will maintain close links with existing community services so that both in-patients and out-patients may be discharged to the care of appropriately-trained community health personnel.

Other services available at Seven Oaks General Hospital are:

- Audiological services through a Manitoba Health Regional Hearing Centre located in the hospital. Manitoba Health maintains a network of hearing centres in all health regions except Interlake. A centre in Selkirk serves the eastern portion of Interlake. The Seven Oaks Centre serves hospital patients, the hospital catchment area, and the western portion of the Interlake region.
- A hospital financed Dental Service.
- A Fitness Centre serving hospital patients, staff and the community at large. The Fitness Centre was constructed and is financed by private donations.

INTRODUCTION TO STATISTICAL SECTION

The number and cost of Manitoba's insured health services are documented in this section. The registered population is included to illustrate rates of utilization for Manitoba residents. Calculations of the number and cost of medical services and patient days per 1,000 population allow comparison with similar data from other provinces.

TABLE I is an analysis of the population of Manitoba by health region, by age group and by sex. The population data are based on the Commission's records of residents registered with the plan.

M.H.S.C. HEALTH REGIONS MAP illustrates regional boundaries within Manitoba.

FIGURES I AND II BASED ON TABLE I illustrate the percentage of the population by health region and age group.

TABLE II records health services costs by program, during the five-year period April 1980 to March 1985. Overall costs for insured benefits illustrate cumulative increases for existing and new programs.

FIGURE III illustrates the cost increases shown in Table II in graphic format. It demonstrates the cumulative total costs of M.H.S.C. programs during the last five years.

FIGURES IVA TO IVD illustrate per capita costs for 1980/81 to 1984/85 for total insured health costs, hospital, medical, and long term care services.

MANITOBA HOSPITALS MAP illustrates the geographic location and size of all Manitoba acute and extended care hospitals.

TABLE III documents the distribution of hospital and personal care home beds according to location by health region. It does not reflect the actual use of beds by residents of one region in hospitals in other regions.

FIGURE V illustrates hospital patient days per 1,000 population by region of residence, for 1983/84 and 1984/85.

TABLE IV documents the distribution of hospital cases and days for adults and children (excluding newborns) according to broad diagnostic categories. Basically the same diagnostic categories are used in Table IX which documents medical utilization. These two tables provide an overview of hospital and medical claims by disease entity.

TABLE V documents the rated bed capacity and net M.H.S.C. payments to each Manitoba hospital by hospital category and bed size during 1983/84 and 1984/85.

MANITOBA PERSONAL CARE HOMES MAP illustrates the geographic location and size of personal care homes outside of Winnipeg.

TABLE VI documents the distribution of personal care home residents by age, sex, and level of care as at March 31, 1985.

TABLE VII documents the rated bed capacity and net M.H.S.C. payments to each Manitoba personal care home by health region during 1983/84 and 1984/85.

TABLE VIII illustrates the distribution of health practitioners according to location by health region, based on M.H.S.C. payments over $30,000. The actual utilization of practitioners' services is not reflected in the ratio of population per practitioner.

FIGURE VI illustrates the medical services per capita cost by health region of residence, for 1983/84 and 1984/85.

TABLE IX documents the distribution of medical services and costs according to broad diagnostic categories (similar to Table IV for hospital cases and days).

FIGURE VII compares medical services per capita costs by age group and sex, for 1984/85. The significantly higher cost shown for females in the age group 15 - 34 reflects service costs related to child bearing.

TABLE X compares the average cost per patient by type of practice from 1980/81 to 1984/85.

TABLE XI shows the distribution of costs according to types of medical services, and the percentage distribution, for 1983/84 and 1984/85.

TABLE XII shows the number of medical practitioners with M.H.S.C. payments over $30,000, and the average and median payments by type of practice, for 1983/84 and 1984/85. Reference to the table's footnotes is important for correct interpretation.

TABLE XIII shows the number of oral, dental, and periodontal surgeons, optometrists, and chiropractors with M.H.S.C. payments over $30,000, and the average and median payments, for 1983/84 and 1984/85.

TABLE XIV illustrates the distribution and cost of medical and other health services by type of practice, for 1983/84 and 1984/85.

TABLE 4

Manitoba Population by Health Region and Age Group,
June 1, 1984.

Region / Age	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
CENTRAL									
Male	12,165	8,584	7,130	5,149	3,918	3,940	3,368	2,190	46,444
Female	11,622	7,946	6,542	4,974	4,003	4,330	3,627	2,907	45,951
Sub-Total	23,787	16,530	13,672	10,123	7,921	8,270	6,995	5,097	92,395
EASTMAN									
Male	11,239	7,538	6,200	4,938	3,520	3,153	2,393	1,312	40,293
Female	10,734	6,826	6,028	4,648	3,222	3,038	2,220	1,560	38,276
Sub-Total	21,973	14,364	12,228	9,586	6,742	6,191	4,613	2,872	78,569
INTERLAKE									
Male	8,796	6,442	5,298	4,498	3,453	3,158	2,591	1,356	35,590
Female	8,352	5,843	5,064	4,277	3,257	3,253	2,453	1,627	34,126
Sub-Total	17,148	12,285	10,362	8,775	6,710	6,411	5,044	2,983	69,716
NORMAN									
Male	13,360	8,058	6,831	4,630	2,924	1,955	1,084	614	39,456
Female	12,704	7,774	6,522	3,946	2,430	1,707	1,067	558	36,708
Sub-Total	26,064	15,832	13,353	8,576	5,354	3,662	2,151	1,172	76,164
PARKLAND									
Male	6,042	4,293	3,298	2,835	2,451	2,826	2,425	1,592	25,752
Female	5,607	3,829	3,193	2,631	2,295	2,766	2,489	1,905	24,715
Sub-Total	11,649	8,112	6,491	5,466	4,746	5,592	4,914	3,497	50,467
WESTMAN									
Male	13,877	10,337	9,270	6,688	5,504	6,021	5,233	3,373	60,303
Female	12,986	9,947	8,867	6,627	5,573	6,467	5,509	4,782	60,758
Sub-Total	26,863	20,284	18,137	13,315	11,077	12,488	10,742	8,155	121,061
WINNIPEG									
Male	63,144	53,737	55,383	39,118	28,933	26,960	18,464	10,083	295,822
Female	60,122	54,623	56,415	39,682	29,572	31,469	24,477	18,209	314,569
Sub-Total	123,266	108,360	111,798	78,800	58,505	58,429	42,941	28,292	610,391
MANITOBA									
Male	128,621	98,979	93,410	67,856	50,703	48,013	35,558	20,520	543,660
Female	122,127	96,788	92,631	66,785	50,352	53,030	41,842	31,548	555,103
Total	250,748	195,767	186,041	134,641	101,055	101,043	77,400	52,068	1,098,763

ART

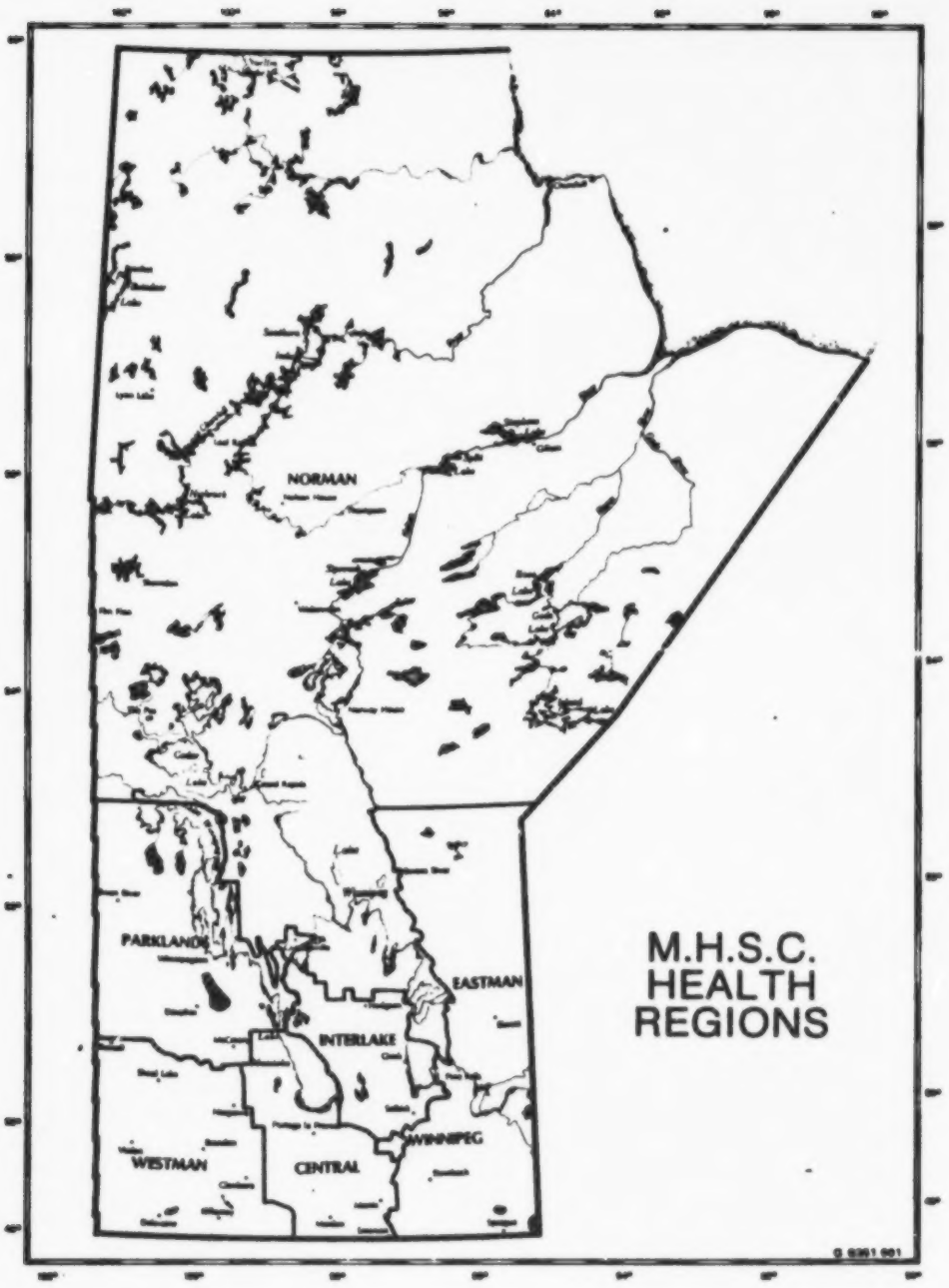

NORMAN
PARKLANDS
EASTMAN
INTERLAKE
WINNIPEG
WESTMAN
CENTRAL
M.H.S.C.
HEALTH
REGIONS

FIGURE 1

PERCENTAGE DISTRIBUTION OF POPULATION BY HEALTH REGION,
JUNE 1, 1984.

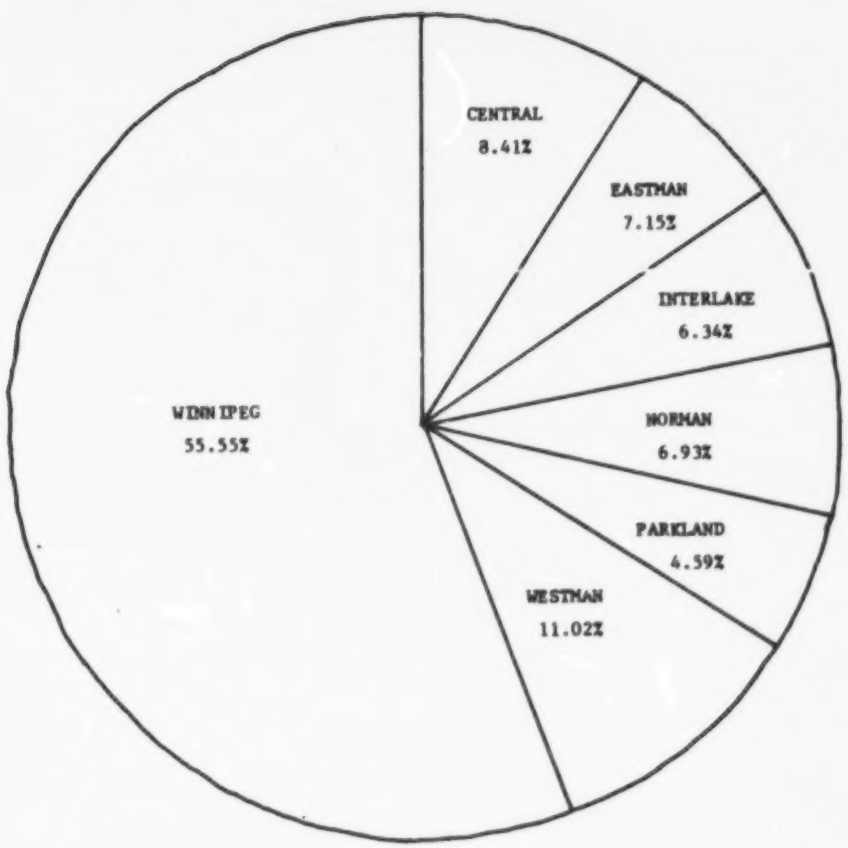


FIGURE II

PERCENTAGE DISTRIBUTION OF POPULATION BY AGE GROUP,
JUNE 1, 1984.

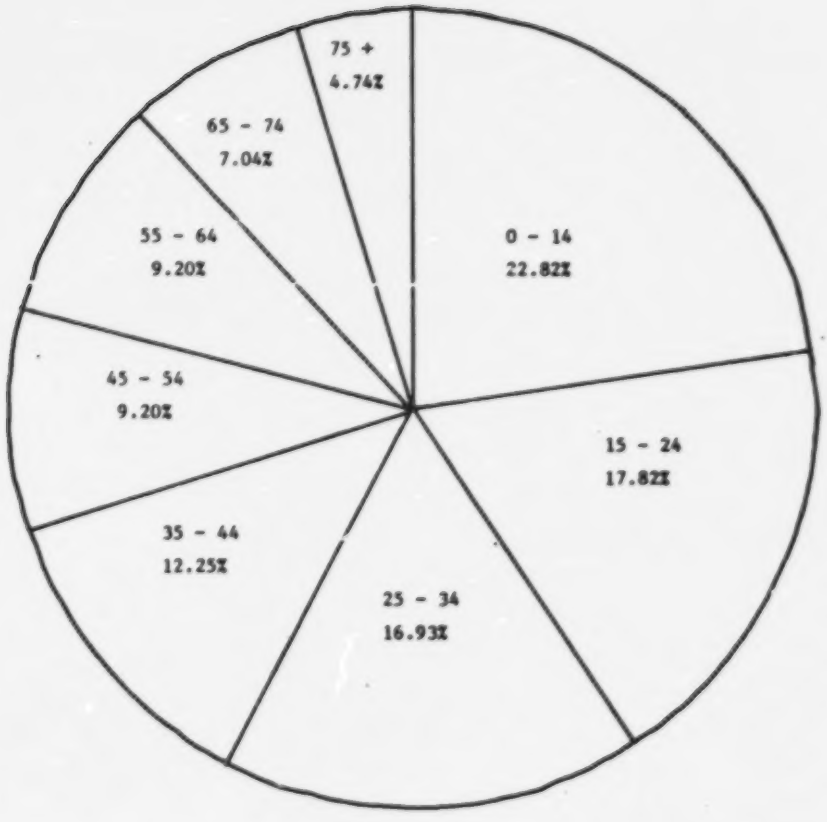


TABLE 11

Manitoba Health Services Commission Expenditures,
1980/81 to 1984/85

Expenditures ($000's)	1980/81	1981/82	1982/83	1983/84	1984/85
Hospital Services[1]	341,995	418,659	486,894	539,299	581,724
Medical Services[2]	117,724	145,031	166,650	179,370	188,789
Long Term Care Services	81,678	99,958	121,102	138,575	146,142
Other Health Costs:					
Pharmacare	10,568	13,611	17,249	21,493	25,558
Other Health Services[3]	8,512	8,951	11,743	12,980	13,508
Ambulance Program	1,340	1,468	1,981	1,881	2,010
Air Ambulance Program	-	-	-	-	112
Northern Patient Transportation	1,466	1,879	2,204	2,465	2,568
Sub-Total Other Health Costs	21,886	25,909	33,177	38,819	43,756
M.H.S.C. Administration	9,036	10,135	11,762	13,111	13,780
TOTAL	572,319	699,692	819,585	909,174	974,191

TABLE-2

[1]Include Public General, Federal, Contract Facilities, Out-of-Province Facilities, and Cadham Laboratory.

[2]Include Medical Fee-for-Service, Salary, Private Laboratory, X-ray Facilities, as well as Oral, Dental, and Peridontal Surgery.

[3]Include Chiropractic, Optometric, and Prosthetic and Orthotic Services.

FIGURE III

MANITOBA HEALTH SERVICES COMMISSION EXPENDITURES,
1980/81 TO 1984/85

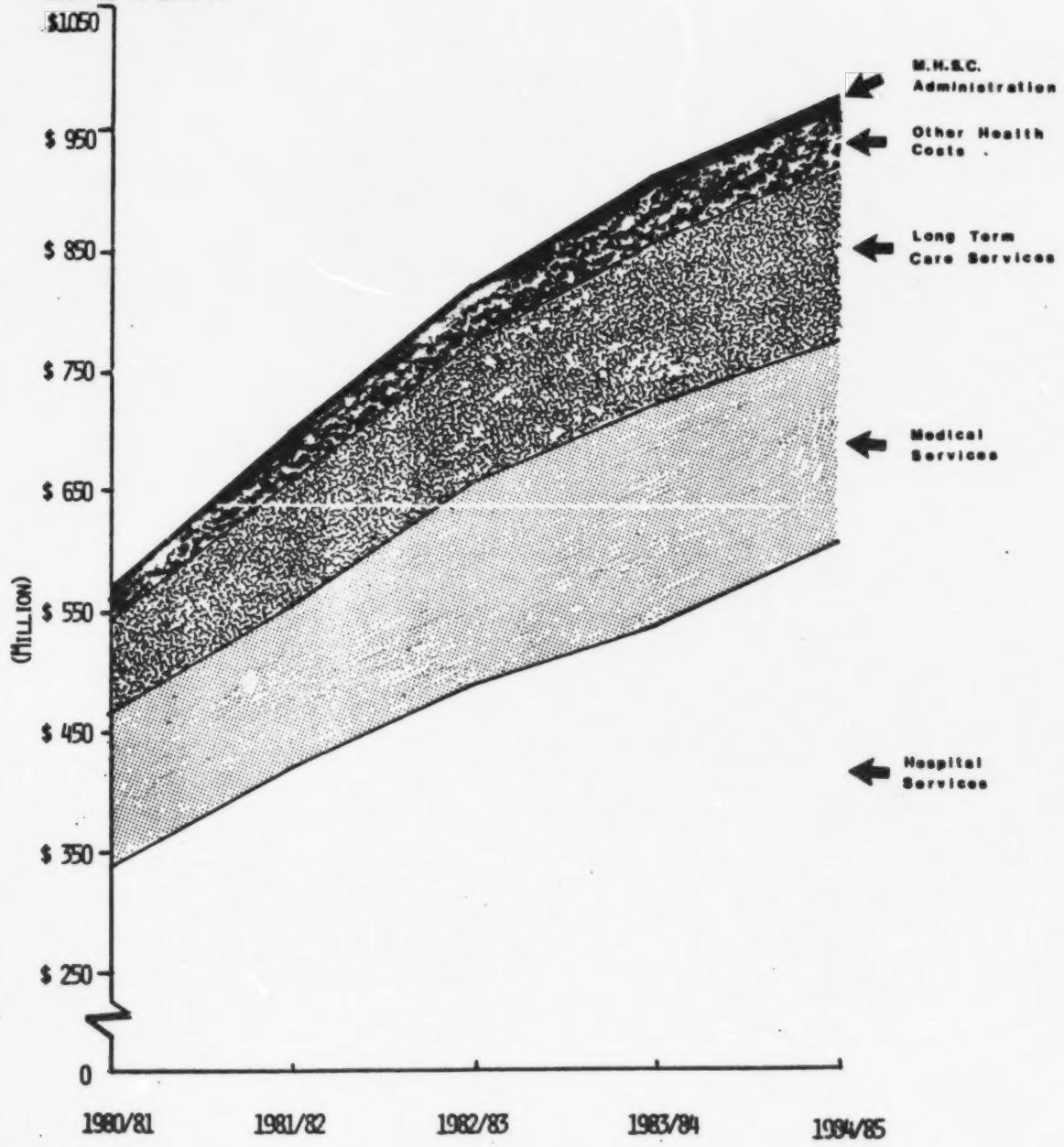


FIGURE IV A
TOTAL HEALTH SERVICES PER
CAPITA COSTS, 1980/81 TO 1984/85

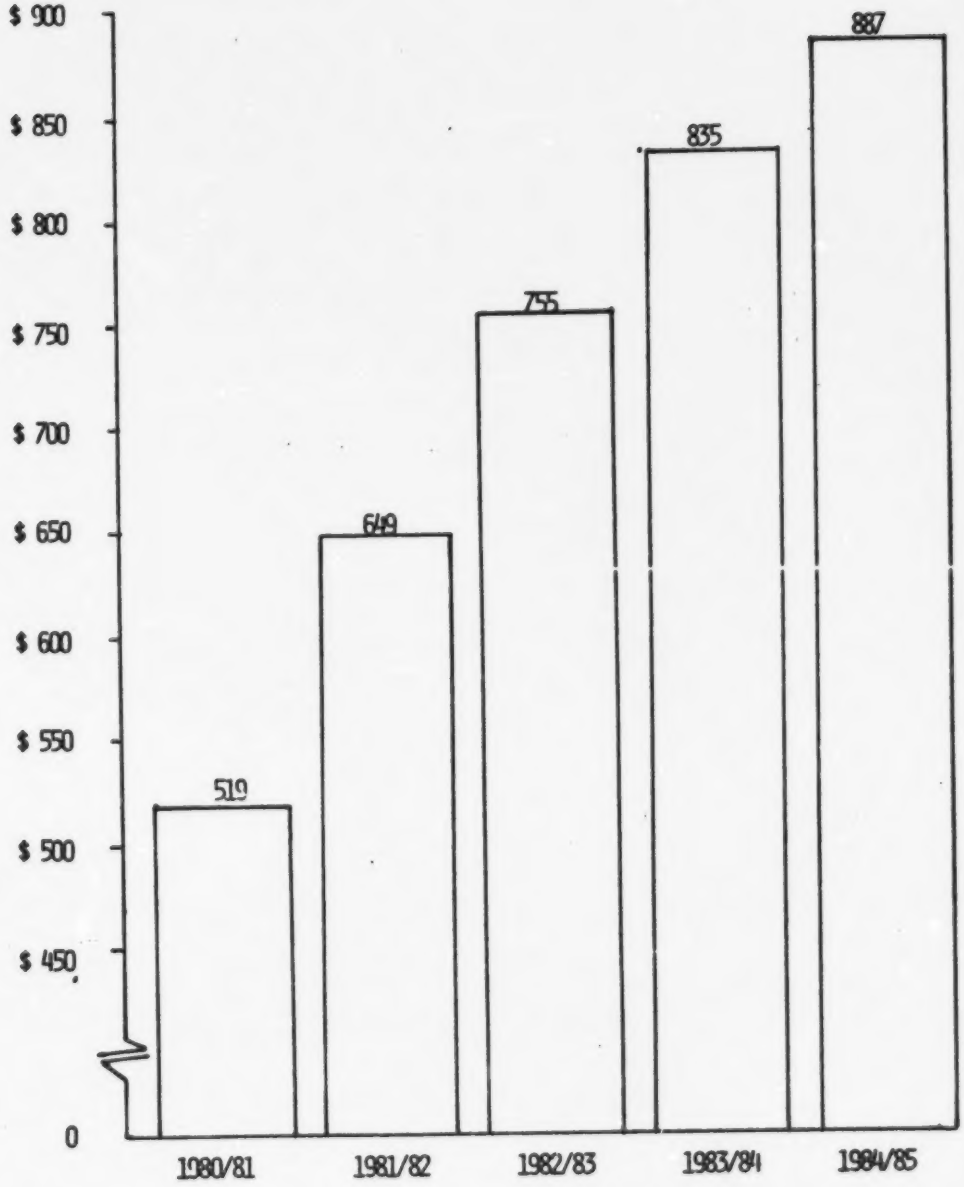


FIGURE IV B
INSURED HOSPITAL SERVICES PER
CAPITA COSTS, 1980/81 TO 1984/85

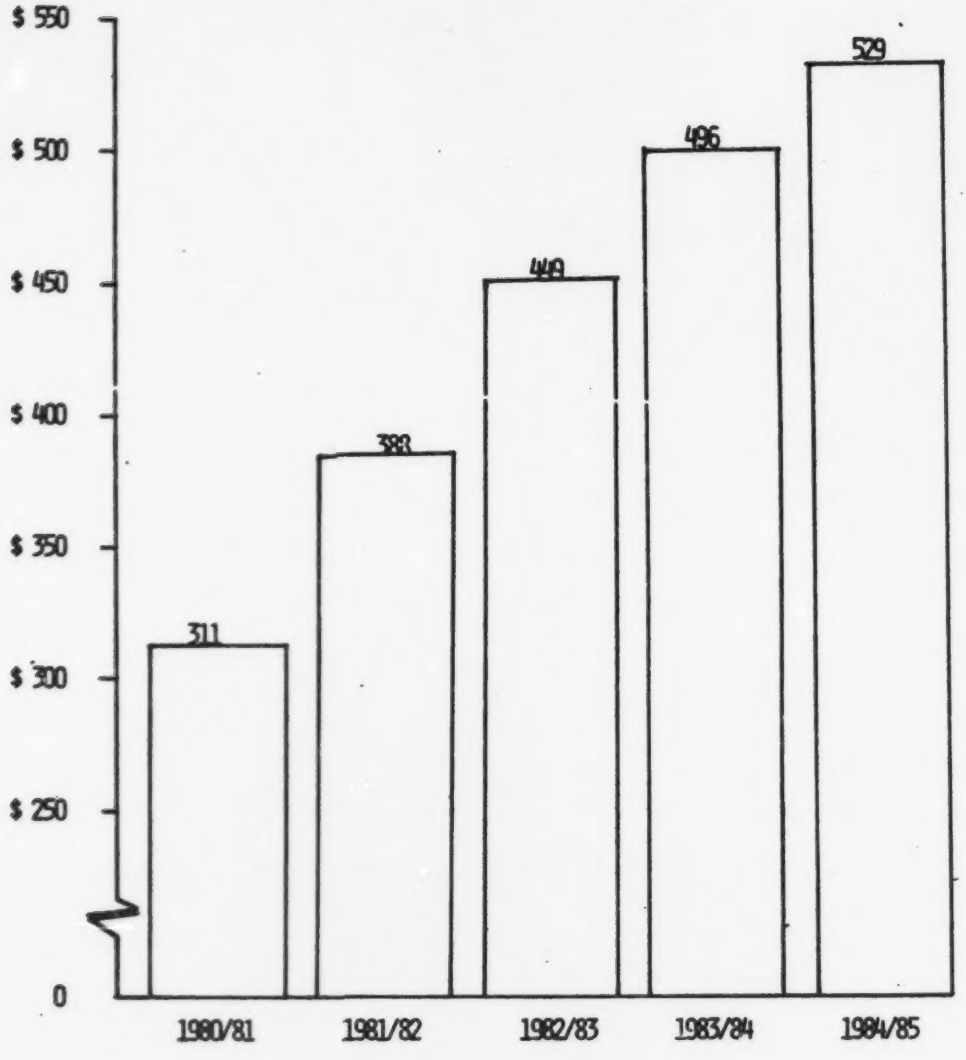
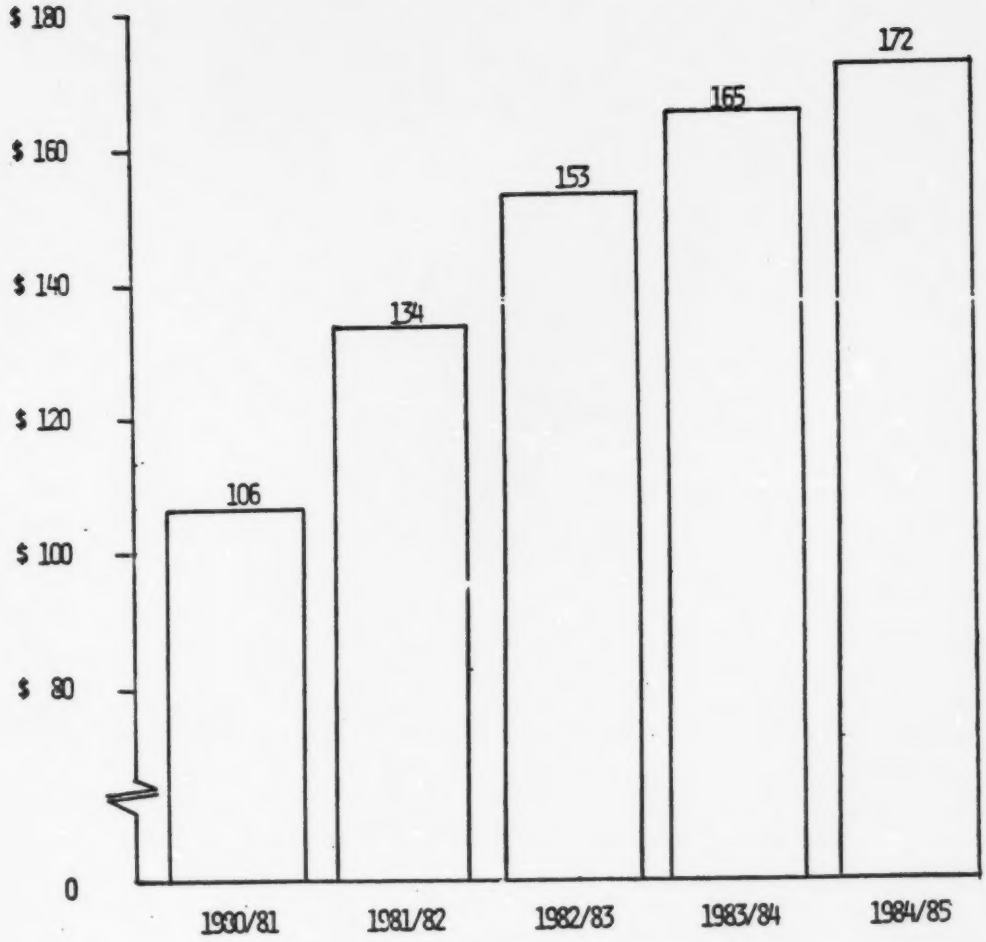
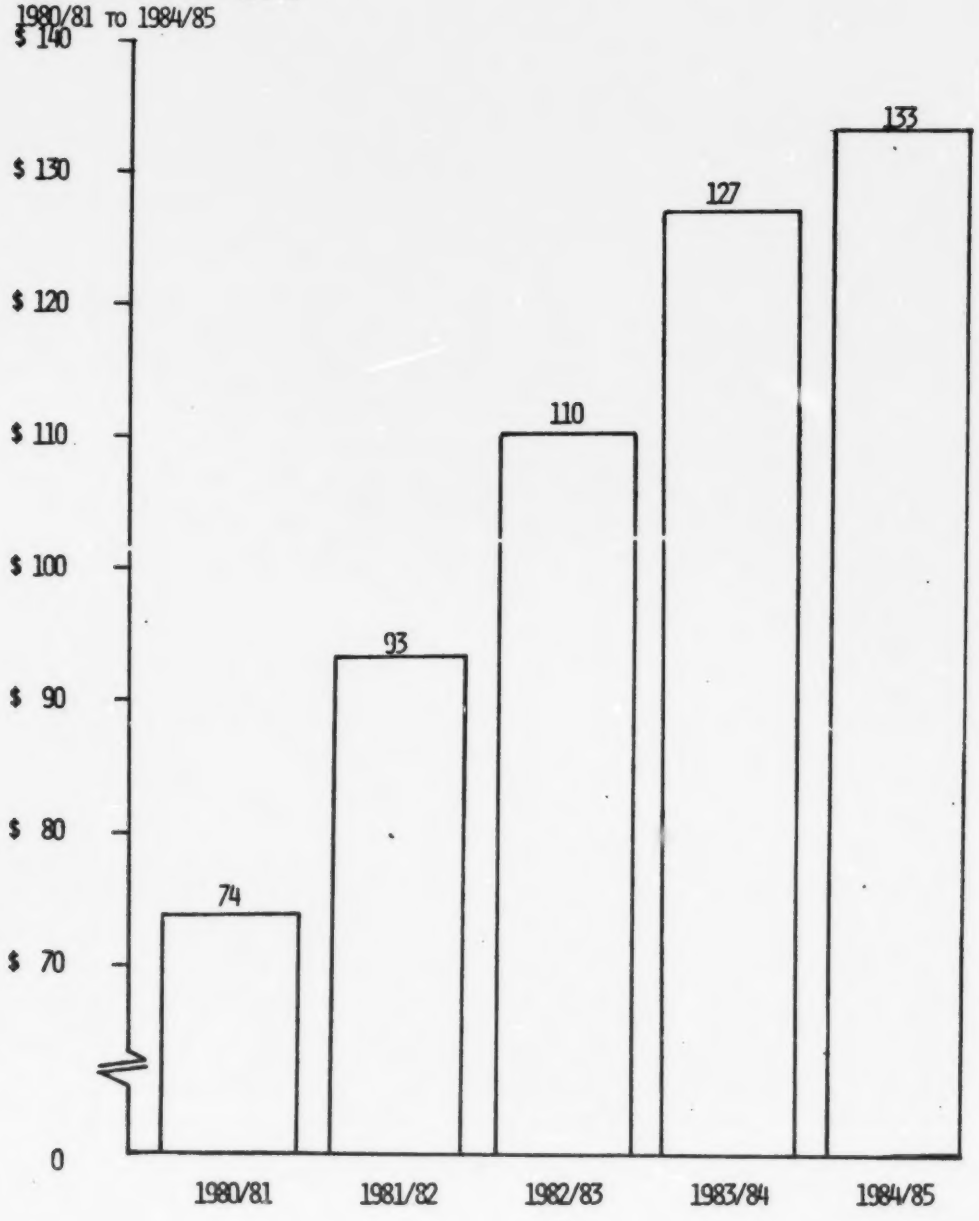


FIGURE IV C
INSURED MEDICAL [1] SERVICES PER CAPITA COSTS, 1980/81 TO 1984/85



1. INCLUDES MEDICAL SERVICES, ORAL, DENTAL, AND PERIODONTAL SURGERY.

FIGURE IV D
INSURED LONG TERM CARE
SERVICES PER CAPITA COSTS,
1980/81 TO 1984/85



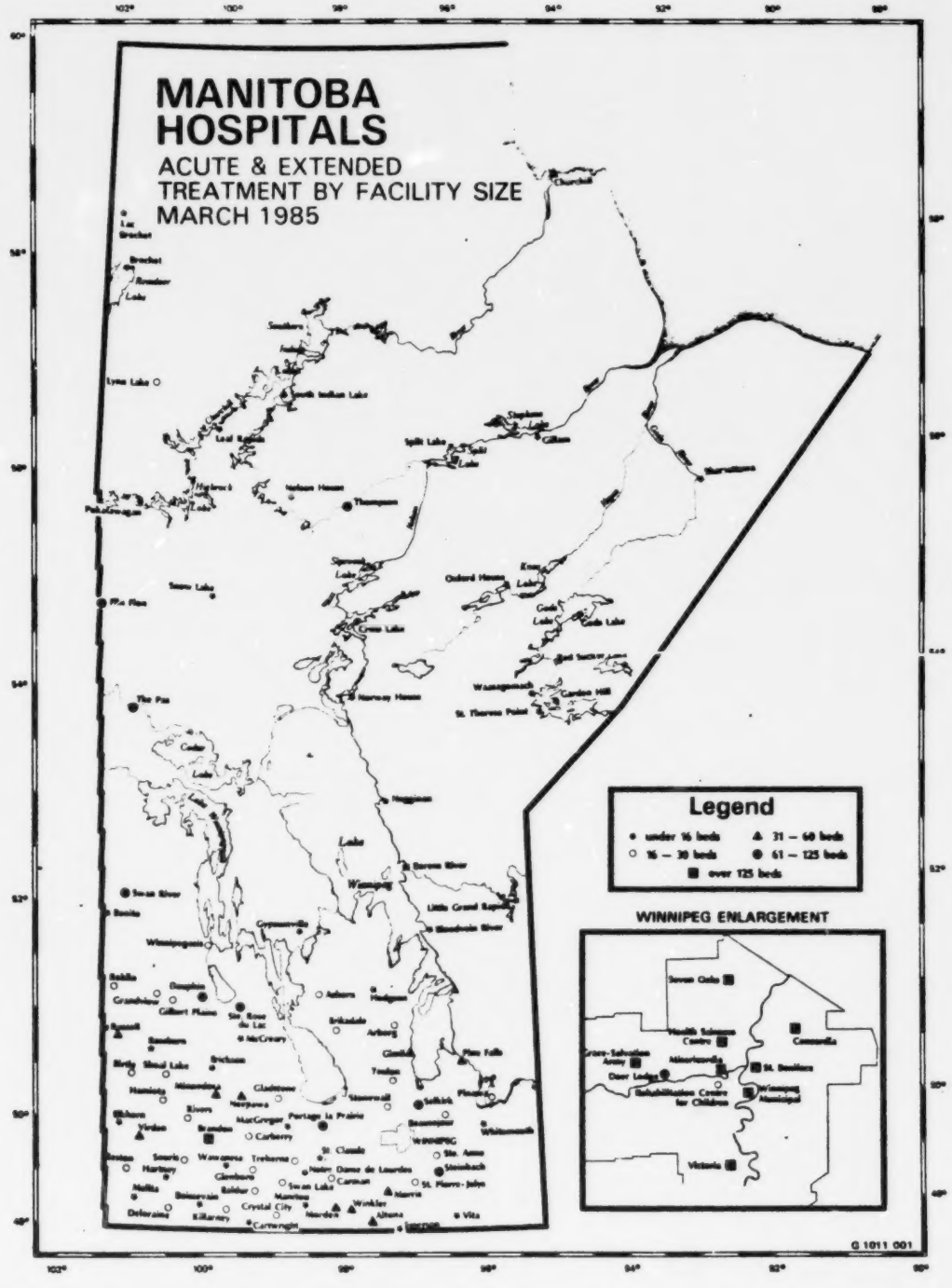

MANITOBA
HOSPITALS
ACUTE & EXTENDED
TREATMENT BY FACILITY SIZE
MARCH 1985
Legend
under 16 beds
16 – 30 beds
31 – 60 beds
61 – 125 beds
over 125 beds
WINNIPEG ENLARGEMENT
G 1011 001

TABLE III

Population, Health Facility Beds, and Rates per 1,000 Population by Health Region, 1984/85.

Health Region	Population[1]	Active Treatment Beds		Extended Treatment Beds		Personal Care Home Beds	
		Number[2]	Rate	Number[2]	Rate	Number[2]	Rate
Central	92,395	437	4.7	50	0.5	756	8.2
Eastman	78,569	233	3.0	12	0.2	413	5.3
Interlake	69,716	223	3.2	-	-	519	7.4
Norman	76,164	465	6.1	-	-	158	2.1
Parkland	50,467	344	6.8	39	0.8	398	7.9
Westman	121,061	783	6.5	122	1.0	1,525[4]	12.6[4]
Winnipeg	610,391	3,051	5.0[3]	772	1.3	4,556	7.5
Manitoba	1,098,763	5,536	5.0	995	0.9	8,325	7.6

TABLE.3

[1]M.H.S.C. registered population as of June 1, 1984.

[2]Based on rated capacity as at March 31, 1985.

[3]Actual beds available for Winnipeg residents were 3.9 per 1,000 population. The additional Winnipeg acute and extended treatment beds, accounting for 22.1% of patient days, were used by rural residents and non-residents of the province.

[4]30.3% of Westman's beds are hostel as compared to 12.6% in all other regions combined.

FIGURE V
IN-PATIENT HOSPITAL DAYS PER 1,000 POPULATION BY REGION,
1983/84 AND 1984/85

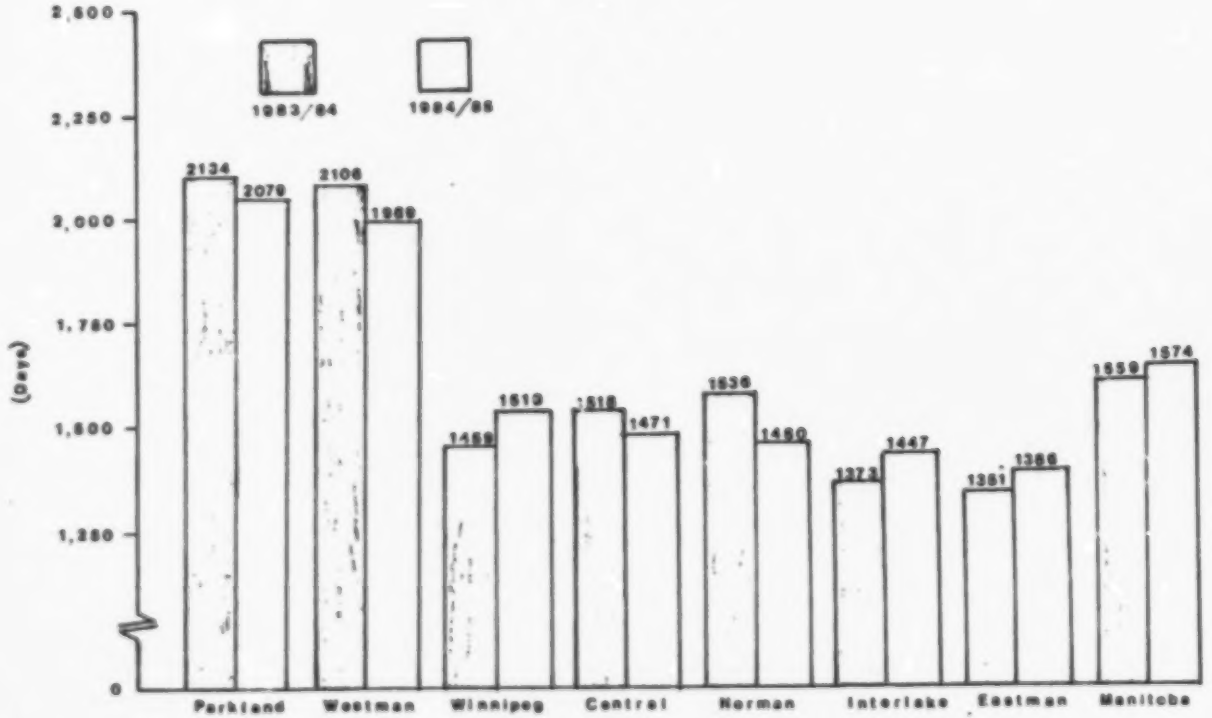


TABLE IV

Hospital Utilization and Rates per 1,000 Population[1] by Diagnostic Category, 1984/85.

Diagnostic Category[2]	In-Patient Cases	Patient Days	Length of Stay (Days)	Rates	
				In-Patient Cases	Patient Days
Infectious and Parasitic Diseases	2,582	24,291	9.4	2	22
Neoplasms	10,169	180,970	17.8	9	165
Endocrine, Nutritional, and Metabolic Diseases	2,735	41,496	15.2	3	38
Diseases of Blood and Blood Forming Organs	994	11,645	11.7	1	11
Mental Disorders	6,573	158,888	24.2	6	145
Diseases of the Nervous System and Sense Organs	6,909	106,897	15.5	6	97
Diseases of the Circulatory System	17,841	309,805	17.4	16	282
Diseases of the Respiratory System	17,970	140,524	7.8	16	128
Diseases of the Digestive System	17,937	142,047	7.9	16	129
Diseases of the Genitourinary System	11,206	80,927	7.2	10	74
Pregnancy, Childbirth, and the Puerperium	24,612	99,376	4.0	22	90
Diseases of the Skin and Subcutaneous Tissue	2,297	23,912	10.4	2	??
Diseases of the Musculoskeletal System	7,397	93,112	12.6	7	85
Congenital Anomalies	1,184	9,138	7.7	1	8
Conditions Originating in the Perinatal Period	410	3,854	9.4	1	4
Symptoms, Signs, and Ill-Defined Conditions	9,129	61,323	6.7	8	56
Injury and Poisoning	14,005	177,017	12.6	13	161
Factors Influencing Health Status[3]	6,404	64,762	9.8	6	59
Total	160,554	1,729,984	10.8	146	1,574

TABLE-4

[1]M.H.S.C. registered population as of June 1, 1984: 1,098,763.

[2]ICD-9-CM.

[3]Factors Influencing Health Status and Contact with Health Services.

TABLE V

Hospital Rated Bed Capacity and Net M.H.S.C. Payments, 1983/84 and 1984/85.

Hospital Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1983/84	1984/85	1983/84 $	1984/85 $
Active Treatment - Public General				
15 Beds and Under:				
Benito	9	9	393,288	377,256
Boissevain	12	12	797,712	819,504
Cartwright	8	8	367,464	419,304
Elkhorn	8	8	331,968	338,688
Emerson	12	12	481,680	515,088
Erickson	14	14	525,648	538,920
Gillam	15	15	870,528	866,040
Hartney	9	9	361,944	383,928
Leaf Rapids	8	8	647,304	672,456
Manitou-Pembina	14	14	467,712	523,320
McCreary	13	13	592,992	597,264
MacGregor	6	6	387,240	390,624
Melita-Wilson Memorial	12	11	622,704	642,216
Notre Dame	10	10	462,864	475,848
Roseburn	10	10	525,744	526,824
St. Claude	12	12	571,632	629,064
Snow Lake	7	7	555,168	562,176
Vita	11	11	401,760	426,840
Wawanesa	10	10	518,832	544,944
Whitemouth	10	10	544,440	576,048
Sub-Total	210	209	10,428,624	10,826,352
16 - 30 Beds:				
Arborg	16	16	1,006,032	1,197,648
Ashern-Lakeshore	16	16	788,880	802,560
Baldur	16	16	604,728	627,984
Beausejour	30	30	1,263,672	1,357,680
Birtle	19	19	892,584	926,640
Carberry-Fox Memorial	29	29	917,808	970,056
Carman	30	30	1,886,544	1,878,408
Crystal City	16	16	862,416	868,080
Deloraine	18	18	904,080	950,616
Erikdale-E. M. Crowe Memorial	17	17	790,680	814,296
Gilbert Plains	21	21	613,704	633,312
Gladstone - Seven Regions	20	20	767,568	944,760
Glenboro	19	19	613,401	751,488
Grandview	18	18	701,184	729,264
Hamiota	21	21	1,116,360	1,246,008
Killarney	26	26	1,461,168	1,504,872
Lynn Lake	25	25	1,112,976	1,153,152

TABLE V...Continued

Hospital Rated Bed Capacity and Net M.H.S.C. Payments,
1983/84 and 1984/85

Hospital Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1983/84	1984/85	1983/84 $	1984/85 $
16 - 30 Beds:				
Pinawa	17	17	754,896	810,720
Reston	17	17	555,024	680,646
Rivers-Riverdale	16	16	723,144	753,840
Roblin	25	25	1,222,560	1,252,968
St. Anne	21	21	1,486,224	1,532,880
St. Pierre-Centre-Medico-Social DeSalaberry District Health Centre	19	19	850,704	885,720
Shoal Lake	23	23	894,840	938,736
Souris	30	30	1,588,008	1,652,472
Stonewall-Dr. Evelyn Memorial	18	18	954,888	1,007,856
Swan Lake	22	22	1,150,440	1,169,016
Teulon-Hunter Memorial	20	20	1,396,440	1,424,544
Treherne-Victoria-South-Norfolk	18	18	851,904	877,320
Winnipegosis	18	18	853,032	885,888
Sub-Total	621	621	29,585,889	31,229,430
31 - 60 Beds:				
Altona	32	32	1,229,040	1,305,264
Churchill Health Centre	31	31	2,590,056	2,703,936
Gimli-Johnson Memorial	45	45	1,691,784	1,740,264
Minnedosa	35	35	1,498,872	1,541,256
Morden[2]	48	48	3,459,120	3,581,016
Morris	52	52	1,606,680	1,661,152
Neepawa	38	38	1,512,480	1,658,280
Pine Falls	48	48	1,798,584	1,925,088
Russell	38	38	1,621,824	1,664,328
Virden	32	32	1,304,256	1,341,072
Winkler-Bethel	57	57	3,156,600	3,235,872
Sub-Total	456	456	21,469,296	22,377,528
61 - 125 Beds:				
Dauphin[2]	104	104	6,590,232	7,031,976
Flin Flon	100	100	3,241,224	4,321,128
Portage General[2]	104	104	6,423,936	6,554,256
Ste. Rose	68	68	2,930,784	3,090,552
Selkirk	75	75	6,712,360	6,791,880
Steinbach-Bethesda[2]	65	65	3,507,432	3,654,912
Swan River[2]	68	68	4,696,416	4,847,448
The Pas-St. Anthony's	112	112	6,752,808	7,030,776
Thompson	100	100	7,250,448	7,543,080
Sub-Total	796	796	48,105,840	50,866,008

TABLE-5.1

TABLE V...Continued

Hospital Rated Bed Capacity and Net M.H.S.C. Payments,
1983/84 and 1984/85

Hospital Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1983/84	1984/85	1983/84 $	1984/85 $
Over 125 Beds:				
Brandon[2]	232	308	25,685,712	27,037,016
Concordia	132	134	11,696,208	11,921,904
Grace-Salvation Army[2]	322	300	27,124,416	28,989,360
Health Sciences Centre	1,173	1,119	151,072,896	166,692,816
Misericordia	409	409	31,397,592	33,341,712
St. Boniface[2]	624	607	88,996,200	99,490,416
Seven Oaks[2]	216	216	27,243,424	28,335,576
Victoria	252	246	21,554,544	22,969,224
Sub-Total	3,360	3,339	384,770,992	418,778,024
TOTAL PUBLIC GENERAL HOSPITALS	5,443	5,421	494,360,641	534,077,342
Specialty Hospital:				
Rehabilitation Centre for Children	20	20	1,504,429	1,564,584
Federal Hospitals:				
Deer Lodge	-	-	519,400	-
Gypsumville	-	-	3,008	929
Hodgson-Percy E. Moore	16	16	512,499	400,926
Norway House	16	16	440,848	509,261
Bloodvein N.S.	2	2	2,181	5,293
Berens River N.S.	6	6	8,580	5,215
Brochet N.S.	3	3	992	2,163
Cross Lake N.S.	4	4	11,986	14,441
Garden Hill N.S.	3	3	3,732	2,983
God's Lake N.S.	4	4	11,336	5,989
Lac Brochet N.S.	2	2	936	1,605
Little Grand Rapids N.S.	4	4	2,229	1,796
Nelson House N.S.	4	4	18,711	6,701
Oxford House N.S.	3	3	12,138	6,218
Poplar River N.S.	4	4	3,375	2,629
Pukatawagan N.S.	4	4	4,765	7,204
Red Sucker Lake N.S.	2	2	1,796	2,161
Ste. Theresa N.S.	3	3	5,733	2,673
Shamatawa N.S.	4	4	4,205	1,715
South Indian Lake N.S.	6	6	3,130	3,109

TABLE-5.2

TABLE V...Continued

Hospital Rated Bed Capacity and Net M.H.S.C. Payments,
1983/84 and 1984/85

Hospital Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1983/84	1984/85	1983/84 $	1984/85 $
Federal Hospitals:				
Split Lake N.S.	4	4	8,219	7,225
Wasagamack N.S.	1	1	3,458	3,685
Sub-Total	95	95	1,583,257	993,921
TOTAL ACTIVE TREATMENT HOSPITALS	5,558	5,536	497,448,327	536,635,847
Extended Treatment Hospitals:				
Brandon-Assiniboine	201	122	-	-
Dauphin	20	20	-	-
Deer Lodge	94	108	-	-
Grace-Salvation Army	-	20	-	-
Morden	23	23	-	-
Portage	27	27	-	-
St. Boniface	188	184	-	-
Seven Oaks	116	110	-	-
Steinbach	12	12	-	-
Swan River	19	19	-	-
Winnipeg Municipal	401	350	18,647,376	20,152,800
TOTAL EXTENDED TREATMENT HOSPITALS	1,101	995	18,647,376	20,152,800
Other Health Facilities:				
Eden Mental Health Centre	-[3]	-[3]	1,755,912	2,018,088
Manitoba Adolescent Treatment Centre	-[3]	-[3]	102,450	1,554,632
Manitoba Cancer Treatment and Research Foundation	-	-	5,798,904	6,263,808
Camp Shilo	-	-	22,254	23,173
Westman Laboratory	-	-	3,979,202	4,301,496
Red Cross Blood Transfusion	-	-	5,272,246	5,087,580
Cadham Provincial Laboratory	-	-	4,150,817	4,300,395
Out-of-Province Payments	-	-	9,393,402	11,044,298
Sanatorium Board of Manitoba	-	-	25,000	25,000
Sub-Total	-	-	30,300,187	34,618,470
GRAND TOTAL - ALL FACILITIES	6,659	6,531	546,595,890[4]	591,407,117[4]

TABLE-5.3

[1]As of March 31, 1985.

[2]M.H.S.C. Payments include acute and extended treatment.

[3]The Eden Mental Health Centre and the Manitoba Adolescent Treatment Centre have rated bed capacities of 40 and 25 respectively. These are not included in the Commission's figures.

[4]The difference between net M.H.S.C. payments and Hospital expenditures per Table II represents year end accruals and sundry adjustments.

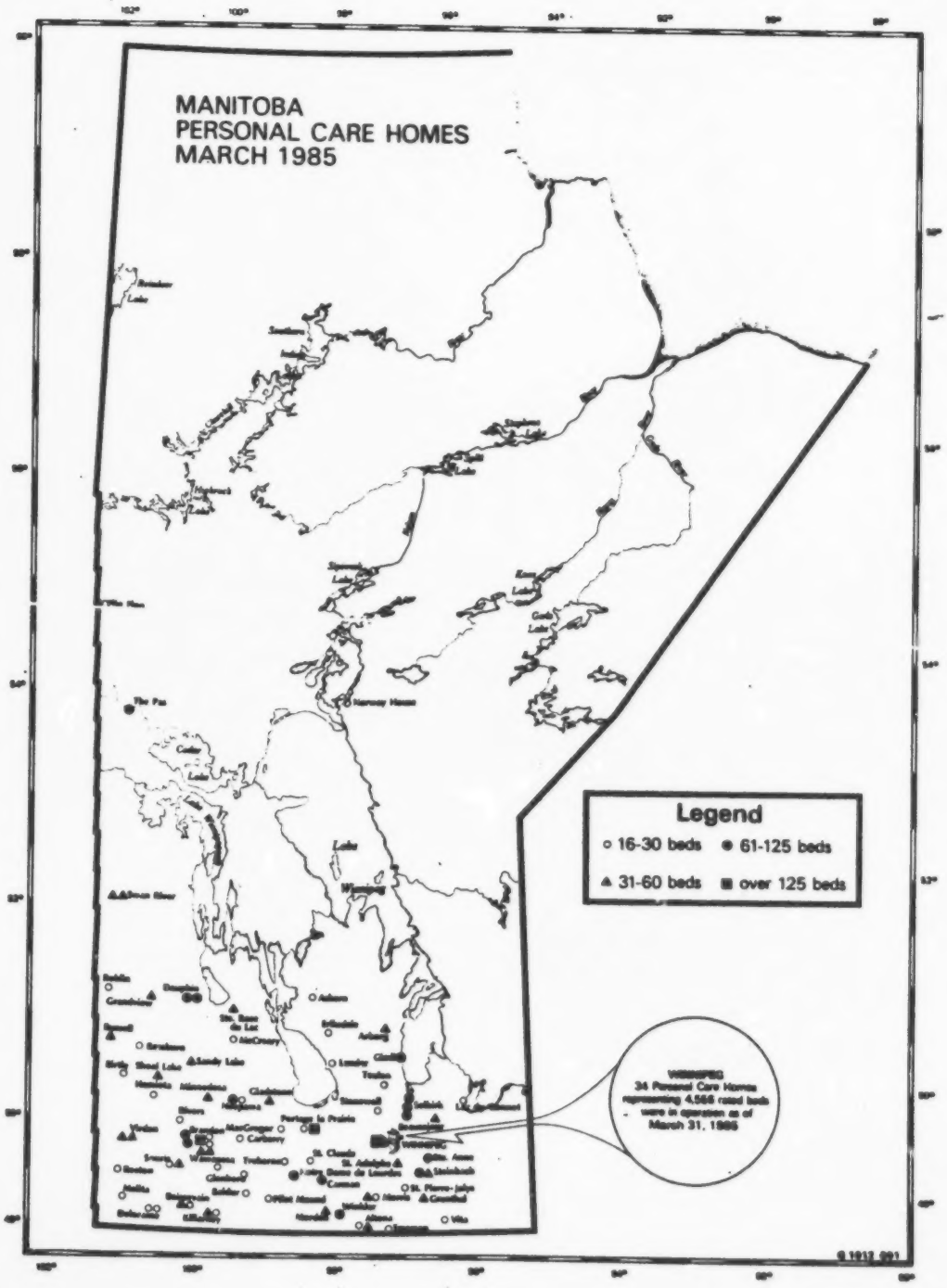

MANITOBA
PERSONAL CARE HOMES
MARCH 1985
Legend
16-30 beds
61-125 beds
31-60 beds
over 125 beds
WINNIPEG
34 Personal Care Homes
representing 4,566 resid beds
were in operation as of
March 31, 1985

TABLE VI

Personal Care Home Residents by Age, Sex, and Level of Care, March 31, 1985.

Age Group	Sex	Hostel Care Level 1	Personal Care Level 2	Extended Care Level 3	Extended Care Level 4	Total	Percent
Under 65	M	15	71	77	46	209	2.5
	F	15	60	82	60	217	2.6
65 - 69	M	18	57	61	29	165	2.0
	F	15	71	42	37	165	2.0
70 - 74	M	33	120	89	57	299	3.6
	F	46	105	125	78	354	4.3
75 - 79	M	57	124	129	76	386	4.7
	F	95	292	221	121	729	8.9
80 - 84	M	89	170	156	87	502	6.1
	F	176	460	354	205	1,195	14.6
85+	M	195	412	259	132	998	12.2
	F	425	1,154	779	633	2,991	36.5
TOTAL		1,179	3,096	2,374	1,561	8,210	
PERCENT		14.4	37.7	28.9	19.0	100.0	100.0

TABLE-6

TABLE VII

Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments by Health Region, 1983/84 and 1984/85.

Personal Care Home Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1983/84	1984/85	1983/84 $	1984/85 $
Central Region:				
Altona and District, Altona	25	25	472,416	489,624
Boyne Lodge, Carman	70	70	1,140,927	1,301,602
The Ebenezer Home, Altona	46	46	501,912	585,581
Foyer Notre Dame, Notre Dame de Lourdes	65	65	1,024,680	1,045,128
Holiday Retreat, Portage	25	25	328,668	341,219
Lions Prairie Manor, Portage	151	151	2,195,363	2,251,441
MacGregor P.C.H., MacGregor	20	20	422,904	436,728
Manoir de St. Claude Inc., St. Claude	18	18	443,653	449,537
Morris Eventide Home, Morris	26	26	225,876	229,267
Red River Valley Lodge, Emerson	20	20	410,904	434,136
Red River Valley Lodge, Morris	40	40	677,688	726,216
Salem Home, Winkler	118	118	1,797,096	1,860,672
Tabor Home, Morden	60	60	835,107	1,039,538
Third Crossing Manor, Gladstone	50	50	755,410	818,985
Tiger Hills Manor, Treherne	22	22	447,822	457,677
Sub-Total	756	756	11,680,426	12,467,351
Eastman Region:				
Bethesda, Steinbach	60	60	941,958	997,968
Eastgate Lodge, Beausejour	60	60	1,064,419	1,120,756
Lac du Bonnet District Health Centre, Lac du Bonnet	-	30	-	156.413
Manoir St. Pierre, St. Pierre Jolys	16	16	334,092	350,681
Menno Home for the Aged, Grunthal	40	40	346,500	604,707
Rest Haven, Steinbach	66	60	720,648	811,376
St. Adolphe N. H., St. Adolphe	42	42	561,446	743,216
Shevchenko Senior Citizens Home, Vita	30	30	581,360	630,052
Villa Youville, Ste. Anne	75	75	1,051,017	1,105,795
Sub-Total	389	413	5,601,440	6,520,964
Interlake Region:				
Betel Foundation, Gimli	95	95	1,138,058	1,164,347
Betel Foundation, Selkirk	94	94	1,329,038	1,434,275
Goodwin Lodge, Teulon	20	20	469,836	478,706
Lakeshore District Health System, Ashern	20	20	406,260	377,255
Lakeshore District Health System, Eriksdale	20	20	419,700	447,481
Lakeshore District Health System, Lundar	20	20	600,219	569,416
Pioneer Health Services, Arborg	40	40	714,720	738,384
Red River Place, Selkirk	104	104	2,079,347	2,168,159
Rosewood Lodge, Stonewall	30	30	596,160	619,320

TABLE VII...Continued

Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments
by Health Region, 1983/84 and 1984/85.

Personal Care Home Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1983/84	1984/85	1983/84 $	1984/85 $
Interlake Region:				
Tudor House, Selkirk	76	76	1,366,141	1,411,332
Sub-Total	519	519	9,119,479	9,408,675
Norman Region:				
Flin Flon P.C., Flin Flon	30	30	724,396	798,000
Northern Lights Manor, Flin Flon	30	30	318,272	343,178
Pinaow-Wachi, Norway House	26	26	96,408	193,125
St. Paul's Residence, The Pas	72	72	1,487,952	1,586,232
Sub-Total	158	158	2,627,028	2,920,535
Parkland Region:				
Dauphin P.C.H., Dauphin	65	65	1,474,928	1,525,368
Dr. Gendreau Memorial Home, Ste. Rose	40	40	652,182	690,143
Grandview P.C.H., Grandview	40	40	755,033	773,642
McCreary-Alonsa P.C.H., McCreary	20	20	463,092	476,778
St. Paul's Home, Dauphin	70	70	1,293,967	1,351,553
Roblin District P.C.H., Roblin	30	30	566,833	605,196
Swan River Valley Lodge, Swan River	53	53	365,597	436,444
Swan River Valley P.C.H., Swan River	60	60	1,093,907	1,145,068
Winnipegosis-Mossey River, Winnipegosis	20	20	493,704	508,848
Sub-Total	398	398	7,159,243	7,513,040
Westman Region:				
Baldur Manor P.C.H., Baldur	20	20	486,153	490,157
Bayside P.C.H., Killarney	30	30	595,371	620,923
Birtle P.C.H. Inc., Birtle	20	20	413,862	465,480
B.M.W. Health Facilities, Boissevain	20	20	466,348	472,048
Bren-Del-Win Lodge, Deloraine	30	30	321,388	323,055
Carberry P.C.H., Carberry	30	30	509,760	535,608
Central Park Lodge, Brandon	89	89	1,452,009	1,510,595
Cornwallis N.H., Brandon	22	22	270,131	274,609
Deloraine and District P.C.H., Deloraine	16	16	386,692	406,300
Eastview Lodge, Neepawa	125	125	1,713,289	1,759,134
Fairview Home, Brandon	264	264	2,689,388	2,737,330
Glenboro P.C.H., Glenboro	20	20	234,342	417,624
Glenboro Senior Citizens Home, Glenboro (closed February 15,,1984)	-	-	-	7,521
Hamiota P.C.H. Inc., Hamiota	30	30	631,556	645,605
Hillcrest Place, Brandon	100	100	1,587,209	1,683,647

TABLE-7.1

TABLE VII...Continued

Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments by Health Region, 1983/84 and 1984/85.

Personal Care Home Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1983/84	1984/85	1983/84 $	1984/85 $
Westman Region:				
International N.H., Brandon	65	65	951,327	1,007,327
Lakeview Senior Citizens Home, Killarney	43	43	363,055	390,043
Melita and Area P.C.H., Melita	20	20	425,552	443,360
Minnedosa and District P.C.H., Minnedeosa	50	50	997,392	1,016,472
Morley House, Shoal Lake	40	40	676,105	704,226
Osborne Home, Neepawa	24	24	214,523	196,452
Prairie View Lodge, Pilot Mound	30	30	292,158	313,386
Riverdale P.C.H., Rivers	20	20	447,936	467,311
Rock Lake P.C.H., Pilot Mound	24	24	627,236	653,393
Rossburn P.C.H., Rossburn	20	20	501,402	511,888
Russell and District P.C.H., Russell	40	40	704,105	731,104
Salvation Army B. Booth, Brandon	31	31	277,957	329,528
Salvation Army Eventide, Brandon (closed September, 1983)	-	-	124,129	6,159
Sandy Lake Home, Sandy Lake	36	36	590,671	610,951
The Sherwood, Virden	50	50	299,251	318,028
Souris District P.C.H., Souris	34	34	690,209	716,532
Sunset Haven, Brandon	22	22	276,846	293,457
Victoria Park Lodge, Souris	24	24	229,903	232,563
Wawanesa P.C.H., Wawanesa	20	20	483,035	489,338
Westman N.H., Virden	50	50	854,161	879,238
Westview Lodge, Boissevain	46	46	308,745	359,425
Willowview Home, Reston	-	20	-	562,188
Sub-Total	1,505	1,525	22,093,196	23,582,005
Winnipeg Region:				
Beacon Hill Lodge	175	175	3,094,748	3,192,566
Bethania Mennonite P.C.H.	100	100	1,908,288	1,973,743
Central Park Lodge, Poseidon Street	217	217	3,527,802	3,696,731
Central Park Lodge, Edmonton Street	277	277	4,456,640	4,609,124
Conquist N.H.	64	64	1,144,388	1,215,793
Convalescent Home	84	84	1,406,711	1,471,944
Deer Lodge (opened April, 1983)	185	185	3,513,768	7,769,880
Donwood Manor	81	81	1,406,655	1,443,801
Foyer St. Boniface	70	70	1,122,795	1,184,163
Golden Door Geriatric Centre	78	78	1,204,074	1,295,790
Golden West Centennial Lodge	91	91	764,099	762,892
Heritage Lodge N.H.	86	86	1,553,208	1,621,384
Holiday Haven N.H.	155	155	2,590,771	2,695,144
Holy Family N.H.	284	284	5,561,004	5,819,809
Kiwanis Centre for the Deaf	22	22	484,262	495,019
Lions Manor	135	135	859,332	837,773
Luther Home	80	80	1,311,605	1,338,846
Manitoba Oddfellows Home	57	57	343,002	332,036

TABLE VII...Continued

Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments by Health Region, 1983/84 and 1984/85.

Personal Care Home Name	Rated Bed Capacity[1]		Net M.H.S.C. Payments	
	1983/84	1984/85	1983/84 $	1984/85 $
Winnipeg Region:				
Maples P.C.H. Limited	200	200	3,944,506	4,066,371
Meadowood Manor	90	90	1,451,349	1,466,440
Metro Kiwanis Courts	47	47	201,543	205,213
The Middlechurch Home	212	212	3,310,113	3,400,446
Nightingale N.H.	20	20	263,156	289,913
Oakview Place	244	244	4,114,316	4,271,816
Oddfellows and Rebekahs P.C.H. Inc.	90	90	1,611,247	1,636,593
Park Manor P.C.H.	100	100	1,740,361	1,810,866
St. Joseph's Residence	100	100	1,910,801	1,942,374
St. Norbert N.H.	91	91	1,652,678	1,721,566
The Sharon N.H.	208	208	3,122,579	3,341,733
Tache Nursing Centre	320	320	7,258,056	7,716,408
Tuxedo Villa	213	213	3,409,786	3,552,503
Vista Park Lodge	100	100	1,939,258	2,043,252
West Park Manor	150	150	2,444,015	2,491,270
Winnipeg Presbytery Society	130	130	1,692,814	1,736,579
Sub-Total	4,556	4,556	76,319,730	83,449,781
TOTAL PERSONAL CARE HOMES	8,281	8,325	134,600,542[2]	145,862,351[2]

[1]As of March 31, 1985.

[2]The difference between net M.H.S.C. payments and Personal Care Home expenditures per Table II represents year end accruals and sundry adjustments.

TABLE VIII

Number of Health Practitioners and Population per Practitioner by Health Region, 1984/85.

Health Region	Population[1]	Practitioners Who received Payment in Excess of $30,000.00					
		Physicians		Chiropractors		Optometrists	
		Number	Population/ Physician	Number	Population/ Chiropractor	Number	Population/ Optometrist
Central	92,395	51	1,812	8	11,549	5	18,479
Eastman	78,569	42	1,871	4	19,642	2	39,285
Interlake	69,716	37	1,884	3	23,239	3	23,239
Norman	76,164	52	1,465	2	38,082	2	38,082
Parkland	50,467	29	1,740	2	25,234	3	16,822
Westman	121,061	95	1,274	7	17,294	10	12,106
Winnipeg	610,391	1,015	601	55	11,098	41	14,888
Manitoba	1,098,763	1,321	832	81	13,565	66	16,648

TABLE-8

[1]M.H.S.C. registered population as of June 1, 1984.

FIGURE VI

MEDICAL SERVICES PER CAPITA COST BY REGION, 1983/84 AND 1984/85

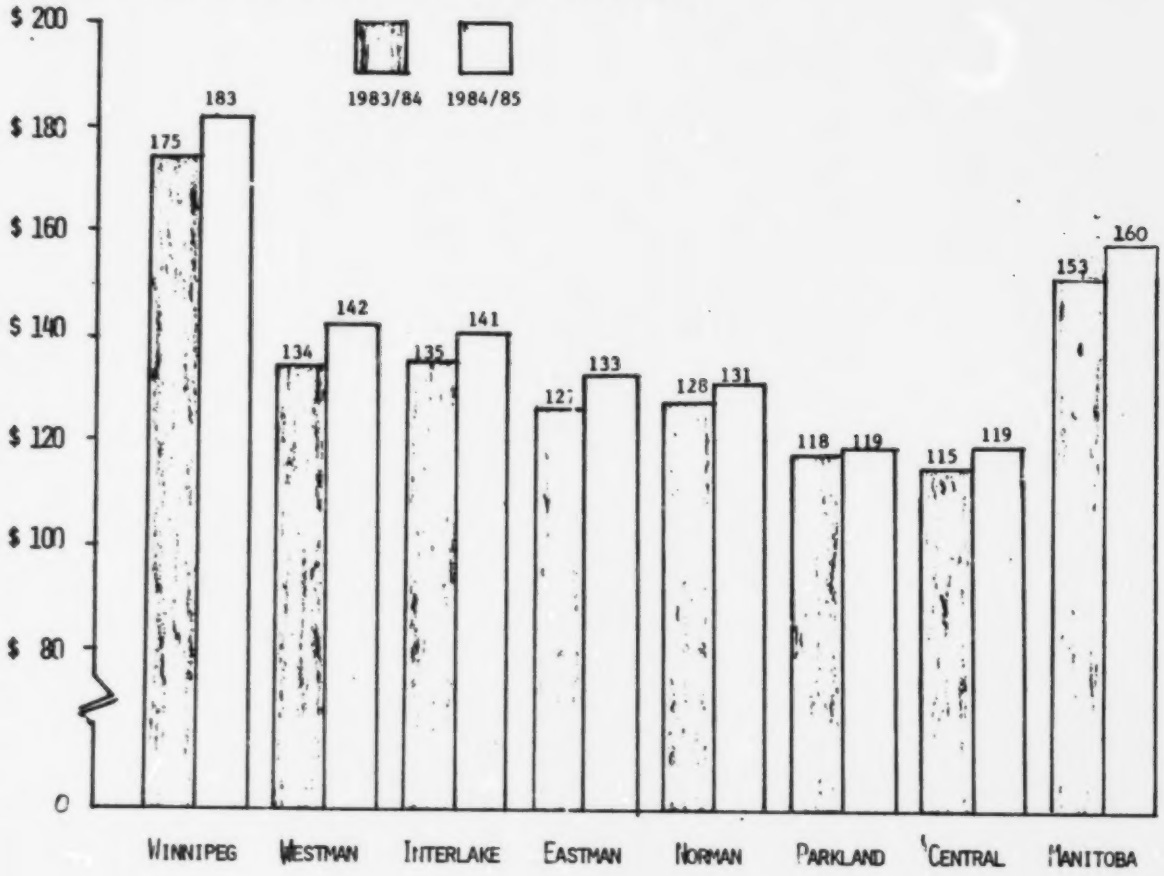


TABLE IX

Medical Services and Costs by Diagnostic Category, 1984/85.

Diagnostic Category[1]	Number of Services	Costs ($000's)	Percent Distribution	
			Services	Costs
Infectious and Parasitic Diseases	259,095	3,032	2.1	1.7
Neoplasms	329,201	6,430	2.6	3.7
Endocrine, Nutritional, and Metabolic Diseases	448,239	4,940	3.6	2.8
Diseases of Blood and Blood Forming Organs	139,415	1,459	1.1	0.8
Mental Disorders	969,135	12,076	7.7	6.9
Diseases of the Nervous System and Sense Organs	877,030	14,396	7.0	8.2
Diseases of the Circulatory System	1,138,898	15,869	9.1	9.0
Diseases of the Respiratory System	1,191,207	15,797	9.5	9.0
Diseases of the Digestive System	530,448	12,038	4.2	6.8
Diseases of the Genitourinary System	822,433	13,270	6.5	7.5
Pregnancy, Childbirth, and the Puerperium	123,401	6,693	1.0	3.8
Diseases of the Skin and Subcutaneous Tissue	517,870	6,550	4.1	3.7
Diseases of the Musculoskeletal System	741,730	10,695	5.9	6.1
Congenital Anomalies	37,463	1,166	0.3	0.7
Conditions Originating in the Perinatal Period	29,924	438	0.2	0.2
Symptoms, Signs, and Ill-Defined Conditions	937,738	12,842	7.5	7.3
Injury and Poisoning	761,655	12,118	6.1	6.9
Factors Influencing Health Status[2]	1,849,578	18,898	14.7	10.8
Without Diagnosis	859,104	7,254	6.8	4.1
Total[3]	12,563,564	175,961	100.0	100.0

TABLE-9

[1]ICD-9-CM.

[2]Factors Influencing Health Status and Contact with Health Services, includes general medical examinations and special investigations.

[3]Excludes Out-of-Province Medical as well as all Optometric, Oral, Dental, Periodontal and Chiropractic services and costs.

FIGURE VII

MEDICAL SERVICES PER CAPITA COST BY AGE GROUP AND SEX, 1984/85

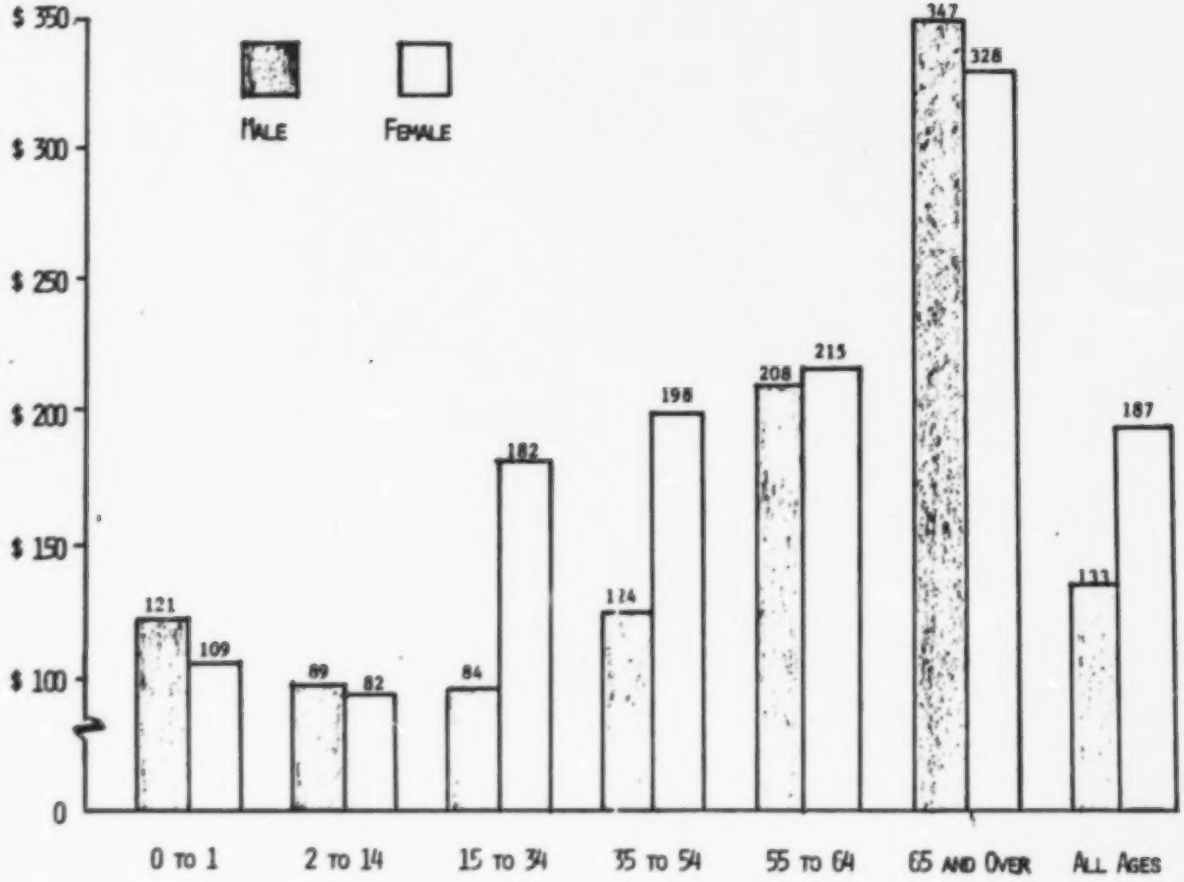


TABLE X

Medical and Other Health Services Average Cost per Patient by Type of Practice, 1980/81 to 1984/85.

Type of Practice	1980/81 $	1981/82 $	1982/83 $	1983/84 $	1984/85 $
Internal Medicine	54.44	50.36	54.59	58.93	60.64
Internal Medicine - Neurology	56.28	61.34	67.01	68.32	69.12
Paediatrics	34.45	41.29	47.57	49.79	49.89
Psychiatry	204.75	254.60	280.77	300.89	314.84
Surgery - General	80.82	95.05	107.71	116.86	121.81
- Thoracic and Cardiovascular	263.07	300.88	370.03	412.74	406.40
- Plastic	103.27	119.51	135.33	132.26	128.00
- Urological	97.84	119.53	126.54	134.29	133.43
- Orthopaedic	66.93	78.47	85.48	90.23	92.47
- Neurological	123.07	146.62	170.79	212.93	198.03
Ophthalmology	33.12	41.35	48.05	53.45	57.17
Otorhinolaryngology	44.70	53.00	59.48	61.42	66.27
Dermatology	31.43	37.42	42.25	43.39	44.01
Radiology	13.17	16.21	18.83	20.20	21.01
Pathology	23.36	29.37	32.60	31.98	34.70
Obstetrics and Gynaecology	61.54	73.33	83.42	89.37	93.90
Anaesthesia	62.52	77.62	86.81	89.44	92.90
General Practice - Urban	35.94	41.94	47.51	47.67	47.57
- Rural	40.85	46.93	51.29	53.44	53.78
Physical Medicine	81.32	93.00	101.52	91.51	88.62
Oral, Dental, and Periodontal Surgery	173.96	185.17	206.04	218.10	220.01
Optometric	17.40	18.85	22.23	22.96	23.53
Chiropractic	37.05	38.30	43.96	47.92	47.98

TABLE-10

TABLE XI

Medical Costs and Percent Distribution by Type of Service, 1983/84 and 1984/85.

Type of Service	1983/84		1984/85	
	Costs $	Percent Distribution	Costs $	Percent Distribution
Office Visits	69,086,700	41.4	72,469,390	41.3
Laboratory	18,752,332	11.2	21,025,269	11.9
Major Surgery	16,509,874	9.9	16,486,025	9.4
Other Diagnostic/Therapeutic Services	13,115,653	7.9	14,433,624	8.2
Consultations	11,642,646	7.0	12,367,326	7.0
Hospital Visits	9,297,729	5.6	9,439,097	5.4
Diagnostic Radiology	7,785,824	4.7	8,302,976	4.7
Anaesthesia	5,494,077	3.3	5,890,186	3.3
Obstetric Services	5,418,920	3.2	5,432,604	3.1
Special Visits	4,867,355	2.9	5,081,727	2.9
Minor Surgery	2,101,465	1.2	2,115,223	1.2
Surgical Assistance	2,036,369	1.2	1,987,801	1.1
Miscellaneous Services	908,020	0.5	929,748	0.5
TOTAL[1]	167,016,964	100.0	175,960,996	100.0

TABLE-11

[1]Excludes Out-of-Province Medical as well as Optometric, Oral, Dental, Periodontal, and Chiropractic Services and Costs.

TABLE XII

Average and Median Payments ($30,000 Gross) to Physicians by Specialty of Practice. Amounts Represent Gross Payments from M.H.S.C. from Which the Physicians Must Pay Overhead Costs, 1983/84 and 1984/85.

Type of Practice	Number of Physicians		Average Payment[1]		Median Payment[1]	
	1983/84	1984/85	1983/84 $	1984/85 $	1983/84 $	1984/85 $
Internal Medicine	117	134	115,250	114,520	101,090	86,770
Internal Medicine - Neurology	11	11	130,260	128,600	129,610	128,260
Paediatrics	57	56	127,800	127,490	126,170	119,720
Psychiatry	78	82	112,650	112,260	111,320	108,880
Surgery - General	73	68	129,730	140,550	123,790	134,950
- Thoracic and Cardiovascular	11	11	205,060	189,940	245,200	189,410
- Plastic	8	8	192,760	194,030	175,680	194,350
- Urological	18	17	152,560	163,850	160,740	158,010
- Orthopaedic	29	29	144,770	146,430	134,470	135,510
- Neurological	5	5	106,000	95,360	124,450	111,410
Ophthalmology	29	27	145,450	160,720	114,580	132,360
Otorhinolaryngology	23	23	132,440	138,520	137,380	133,500
Dermatology	12	13	145,270	139,550	132,360	132,930
Radiology	42	42	142,000	156,000	-[3]	-[3]
Pathology	14[5]	14[5]	-[4]	-[4]	-[4]	-[4]
Obstetrics and Gynaecology	57	60	139,940	142,240	132,500	142,860
Anaesthesia	57	67	98,860	96,600	-[3]	-[3]
General Practice - Urban[2]	377	400	97,420	97,600	93,510	94,000
- Rural	245	248	113,350	113,490	107,630	111,170
Physical Medicine	5	6	67,830	62,220	79,620	61,620
ALL PHYSICIANS	1,268	1,321	112,560	116,500	107,820	109,450

TABLE-12

NOTE: Specialty of Practice is according to M.H.S.C. records as at March 31 each year.

[1](a)Includes payments issued directly to health practitioners, as well as payment to patients where the health practitioner has "opted-out" of the Plan. The Average Payments exclude remuneration from the University of Manitoba to geographic full-time clinical teaching staff. For Radiology the Average Payment represents professional services only and includes salary and contract payments made through hospitals, representing 65.9% of professional income in 1984/85. The Average Payment for Physical Medicine, Anaesthesia, and Psychiatry also includes payments made by hospitals. For health practitioners (except Radiology, Physical Medicine, Psychiatry, and Anaesthesia), all other income from hospital contracts, uninsured services, non-residents, Worker's Compensation, etc. are excluded. Payments made for laboratory services to registered facilities are also excluded, as it is not possible to separate the technical and professional components.

(b)The Average Payment reflects a 2.0% overall increase in the schedule of fees during 1984/85.

[2]Includes Brandon and Winnipeg.

[3]Median is not calculated because some hospital payments are allocated in bloc and not to the individual.

[4]Average and median are not calculated because it is not possible to segregate the technical and professional components.

[5]Eleven are registered as pathologists; the remaining three are registered as either internists or general practitioners, but their practice is primarily as directors of laboratories being recognized by the College of Physicians and Surgeons as specialists in laboratory medicine.

TABLE XIII

Average and Median Payments ($30,000 Gross) for Oral, Dental, and Periodontal Surgery, Optometric, and Chiropractic. Amounts Represent Payments from M.H.S.C. from Which the Practitioner Must Pay Overhead Costs, 1983/84 and 1984/85.

Type of Practice	Number of Practitioners		Average Payment		Median Payment	
	1983/84	1984/85	1983/84 $	1984/85[1] $	1983/84 $	1984/85[1] $
Oral, Dental, and Periodontal Surgery	11	9	103,240	111,980	93,570	128,790
Optometric	65	66	56,660	57,230	49,850	51,520
Chiropractic	80	81	79,010	79,700	79,310	78,810

TABLE-13

[1]Average and Median Payments reflect increases of 2.82% to Optometric and 2.0% to Chiropractic, in their schedule of fees on April 1, 1984.

TABLE XIV

Medical and Other Health Services and Payments,
1983/84 and 1984/85

Type of Practice	Number of Services		Payments Made during	
	1983/84	1984/85	1983/84 $	1984/85 $
Internal Medicine	852,236	868,056	14,420,919	15,913,970
Internal Medicine - Neurology	47,314	43,413	1,459,187	1,431,534
Paediatrics	563,835	551,694	7,695,435	7,693,361
Psychiatry	478,436	502,502	7,206,340	7,544,507
Surgery - General	292,776	281,621	9,622,766	9,751,285
- Thoracic and Cardiovascular	17,040	15,684	2,255,607	2,089,309
- Plastic	29,650	31,296	1,542,052	1,552,276
- Urological	65,176	64,586	2,746,160	2,785,497
- Orthopaedic	117,152	114,039	4,225,510	4,245,531
- Neurological	8,452	8,504	529,982	506,573
Ophthalmology	133,276	131,100	4,260,176	4,388,531
Otorhinolaryngology	120,846	121,628	3,023,344	3,211,556
Dermatology	119,167	132,527	1,569,584	1,814,133
Radiology[1]	618,518	634,611	8,136,346	8,684,249
Pathology	2,776,111	2,943,660	17,055,032	19,174,827
Obstetrics and Gynaecology	290,267	304,691	8,069,002	8,529,060
Anaesthesia	65,244	73,955	4,115,606	4,769,651
General Practice - Urban[2]	3,159,896	3,308,616	39,207,460	41,344,855
- Rural	2,371,448	2,402,278	29,559,287	30,276,422
Physical Medicine	38,335	29,106	317,169	253,873
Sub-Total In-Province Medical Services	12,165,175	12,563,567	167,016,964	175,961,000
Out-of-Province Doctors	121,030	124,568	2,356,889	2,696,805
Out-of-Province Agreement	10,485	10,089	129,894	143,068
Total Medical Services	12,296,690	12,698.224	169,503,747	178.800.873
Oral, Dental, and Periodontal Surgery	15,808	14,962	1,225,291	1,180,326
Optometry	180,270	181,632	3,910,259	4,045,449
Optometry Out-of-Province Agreement	148	137	3,353	3,108
Chiropractic	668,905	685.099	6,389,789	6,669,808
Chiropractic Out-of-Province Agreement	4,425	3,680	43,996	37,792
Total Other Health Services	869,556	885,510	11,572,688	11,936,483
GRAND TOTAL SERVICES	13,166,246	13,583,734	181,076,435[3]	190,737,356[3]

TABLE-14

[1]Includes both technical and professional components of fee.

[2]Includes Brandon and Winnipeg.

[3]Figures include $1,488,591 for 1983/84 and $1,595,360 for 1984/85 which represent the value of services submitted by salaried physicians.

FINANCIAL SUMMARY OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 1985

HOSPITAL SERVICES

The Commission provides for all reasonable costs incurred by Manitoba hospitals in providing insured services to Manitoba residents. There are 101 hospitals in Manitoba that receive payments from the Commission; 20 are federal hospitals, 18 of which are northern nursing stations; and 81 are public general hospitals. Budget submissions from the public general hospitals are reviewed each year and rates of payment to all hospitals are established by regulation of the Commission. Total expenditures for hospitals for the year ended March 31, 1985 amounted to $581,724,000. These expenditures, together with comparable figures for the previous year, are summarized as follows:

	1985	1984
	(thousands of dollars)	
Public General Hospitals	$ 559,542	$ 519,719
Federal Hospitals	1,092	949
Contract Facilities and Red Cross Blood Transfusion Services	10,046	9,377
Hospitals Outside the Province	11,044	9,254
	$ 581,724	$ 539,299

During the year ended March 31, 1985 the average daily in-patient cost in a public general hospital in Manitoba was $296.12 compared to $280.05 for the previous year, an increase of 5.7%.

The increase for public general hospitals approximates $40.0 million. Of this increase, $34.0 million is due to increased salary and supply costs, and $6.0 million is for new/renovated facilities.

MEDICAL AND OTHER HEALTH SERVICES

Medical costs incurred by residents of Manitoba are financed by the Commission in accordance with rates set out in the M.H.S.C. Schedule of Benefits or on the basis of special arrangements approved by the Commission. Costs of chiropractic and optometric services, dental and oral surgery, and specific prosthetic and orthotic devices and services are covered as established by regulations under The Health Services Insurance Act.

A summary of expenditures for medical and other health services for the year ended March 31, 1985, together with comparable figures for the previous year is as follows:

	1985	1984
	(thousands of dollars)	
Medical Services	$ 177,648	$ 168,865
Dental and Oral Surgery	1,180	1,225
Salary and Other Payments to Physicians	9,961	9,280
Total Medical Services	188,789	179,370
Optometric Services	3,966	3,936
Chiropractic Services	6,777	6,508
Prosthetic and Orthotic Devices	2,765	2,536
Total Other Health Services	13,508	12,980
Total Medical and Other Health Services	$ 202,297	$ 192,350

PERSONAL CARE HOME SERVICES

The Commission provides for reasonable costs incurred by Manitoba personal care homes in providing insured personal care services to Manitoba residents. The program includes the supplying of prescription drugs as a benefit to insured residents in personal care homes. Insured residents were required to pay an average residential charge of $13.97 per day during the year ending March 31, 1985. Residential charges during the year were as follows:

April 1, 1984	-	$13.00
May 1, 1984	-	13.45
August 1, 1984	-	13.90
November 1, 1984	-	14.35
February 1, 1985	-	14.80

As at March 31, 1985 there were 8325 beds included in the program (5936 non-proprietary beds and 2,389 proprietary beds).

A summary of expenditures of the personal care program for the year ended March 31, 1985 together with comparable figures for the previous year is as follows:

	1985	1984
	(thousands of dollars	
Resident Services	$ 139,438	$ 132,477
Drug Costs	4,315	4,113
Adult Day Care	730	492
Therapy Services	1,659	1,493
	$ 146,142	$ 138,575

Program costs increased by $7.6 million. Of this increase, $9.2 million is due to increased salary and supply costs, and $1.6 million represents costs of new and renovated facilities and expanded programs initiated during the year ended March 31, 1985. These increased costs were offset in part by a $3.2 million increase in residential charges during the year.

PHARMACARE

Costs of the universal pharmacare program for the year ended March 31, 1985 amounted to $25,558,000 compared with $21,493,000 in the previous year. Effective January 1, 1985 the Manitoba Health Services Commission reimburses resident claimants for 80% of the cost of eligible prescription drugs in excess of $50.00 for residents age 65 and over and in excess of $100.00 for residents under age 65. For the period from April 1, 1984 to December 31, 1984, the deductible for residents under age 65 was $75.00 and the deductible for persons 65 and over was $50.00.

AMBULANCE PROGRAM Under this program, grants are made available for approved programs for capital costs of vehicles and communication equipment, for subsidizing operating costs, and for training programs.

The grants are made to municipalities on a per capita basis. In addition to the per capita grant, the Commission provides funds for the training of ambulance personnel. Total cost of the ambulance program for the year ended March 31, 1985 was $2,010,000 compared with $1,881,000 in the previous year.

AIR AMBULANCE PROGRAM

During 1984/85, Government approved the establishment of an air ambulance program to service all of Manitoba. The role of the air ambulance is to provide long distance transport of the acutely sick and injured within the Province of Manitoba.

The program is scheduled to become operational during the fiscal year ending March 31, 1986. Expenditures of $112,000 for the year ended March 31, 1985 represent initial start-up costs.

NORTHERN PATIENT TRANSPORTATION PROGRAM

The purpose of this program is to finance (a) transportation costs for emergencies and urgent hospital-to-hospital transfers and (b) transportation costs for certain elective cases. These services are available to residents of Manitoba who are northern patients and require transportation for medical reasons from or within the following areas:

- North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg and
- North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Costs of this program for the year ended March 31, 1985 amounted to $2,568,000 compared with $2,465,000 for the previous year.

ADMINISTRATIVE EXPENSES

Administrative expenses of the Commission amounted to $13,780,000 for the year ended March 31, 1985 or 1.4% of the total expenditures, compared with $13,111,000 and 1.4% for the previous year.

REVENUE

For the year ended March 31, 1985 the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund.

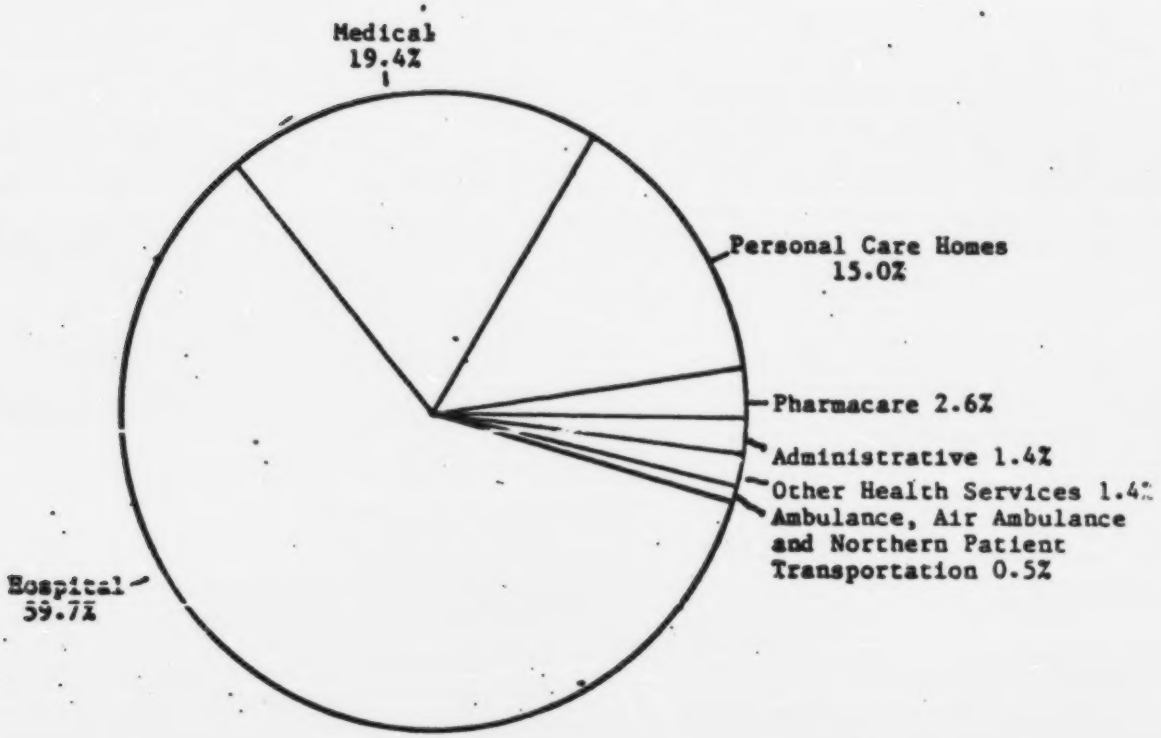
As in the previous year, federal contributions pursuant to the provisions of The Federal-Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, 1977, were not received by the Commission but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The total of all revenues of the Commission for the year ended March 31, 1985 is $974,077,000 compared with $909,225,000 for the previous year.

WORKING CAPITAL

The financial operations of the Commission for the year ended March 31, 1985 resulted in an excess of expenditure over revenue of $114,000 which resulted in a closing working capital account of $880,000.

Following is a chart showing the Manitoba Health Services Commission's expenditures for the year ended March 31, 1985.



Manitoba Health Services Commission
Comparison of Actual Expenditures with Planned Expenditures For the Year Ended March 31, 1985

Planned expenditures for the year ended March 31, 1985 were $977.9 million as compared with actual expenditures of $969.6 million, resulting in an underexpenditure of $8.3 million or less than 1 percent of total expenditures (i.e. 0.8%), which was retained in the Provincial Consolidated Fund.

Manitoba

MANITOBA HEALTH SERVICES COMMISSION

REPORT OF THE PROVINCIAL AUDITOR'S OFFICE

We have examined the financial statements, being Statements A, B, C and Schedule 1, of the Manitoba Health Services Commission for the fiscal year ended March 31, 1985. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1985 and the results of its operations for the year then ended in accordance with the accounting policies stated in Note 1 to the financial statements applied on a basis consistent with that of the preceding year.

F. H. Jackson, C.A.,
Provincial Auditor.

June 14, 1985,
Winnipeg, Manitoba.

Statement A

MANITOBA HEALTH SERVICES COMMISSION

BALANCE SHEET

AS AT MARCH 31, 1985

(With 1984 Figures for Comparison)

ASSETS

	1985	1984
	(thousands of dollars)	
Cash on hand and in bank, less outstanding cheques	$ 166	$ (741)
Funds on deposit, Government of the Province of Manitoba	43,028	42,773
Accounts receivable:		
Government of the Province of Manitoba	45	58
Other Provinces and Territories	4,253	4,002
Other (Note 4)	774	337
	5,072	4,397
Land, buildings, furniture and equipment at nominal value of one dollar (Note 1)	-	-
	48,266	46,429
Funds held in trust re debenture trust agreements (per contra) (Notes 2 & 3)	18,121	13,757
	$ 66,387	$ 60,186

LIABILITIES

	1985	1984
	(thousands of dollars)	
Accounts payable and accrued charges:		
Hospital and personal care home services:		
Liability for unreported claims	$ 2,616	$ 1,718
Estimated adjustment payments under section 87(2) of The Health Services Insurance Act and other costs, net	10,855	13,654
	13,471	15,372
Medical services claims payable	22,293	21,864
Pharmacare claims payable	9,086	5,772
Ambulance grants payable	285	295
Northern patient transportation claims payable	97	78
Other health services claims payable	1,560	1,580
General	594	474
	47,386	45,435
Working capital account, Statement C	880	994
	48,266	46,429
Funds held in trust re debenture trust agreements (per contra)	18,121	13,757
	$ 66,387	$ 60,186

The accompanying notes on pages 111 to 115 are an integral part of the financial statements.

Statement B

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED MARCH 31, 1985

(With 1984 Figures for Comparison)

	1985	1984
	(thousands of dollars)	
Revenue:		
Grants from the Government of the Province of Manitoba	$ 969,662	$ 905,640
Third party recoveries (Note 1)	4,314	3,571
Miscellaneous income	101	14
Total revenue	$ 974,077	$ 909,225
Expenditure:		
Hospital services:		
Hospitals within the Province (Note 6)	$ 570,680	$ 530,045
Hospitals outside the Province	11,044	9,254
	581,724	539,299
Medical services	188,789	179,370
Personal care home services (Note 6)	146,142	138,575
Pharmacare program	25,558	21,493
Ambulance program	2,010	1,881
Air ambulance program (Note 4)	112	-
Northern patient transportation program	2,568	2,465
Other health services (Note 5)	13,508	12,980
Administrative expenses, Schedule 1	13,780	13,111
Total expenditure	$ 974,191	$ 909,174
Expenditure (over) under revenue, Statement C	$ (114)	$ 51

The accompanying notes on pages 111 to 115 are an integral part of the financial statements.

Statement C

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF WORKING CAPITAL ACCOUNT

FOR THE YEAR ENDED MARCH 31, 1985

(With 1984 Figures for Comparison)

	1985	1984
	(thousands of dollars)	
Balance, beginning of year	$ 994	$ 943
Expenditure (over) under revenue, Statement B	(114)	51
Balance, end of year, Statement A	$ 880	$ 994

The accompanying notes on pages 111 to 115 are an integral part of the financial statements.

Schedule 1

MANITOBA HEALTH SERVICES COMMISSION

SCHEDULE OF ADMINISTRATIVE EXPENSES

FOR THE YEAR ENDED MARCH 31, 1985

(With 1984 Figures for Comparison)

	1985	1984
	(thousands of dollars)	
Salaries and employee benefits	$ 9,696	$ 9,426
Office equipment	1,562	1,430
Professional services	543	478
Stationery and office supplies	437	387
Postage, express and delivery	364	344
Pension payments (Note 1)	251	208
Grant in lieu of realty taxes	160	154
Health and post-secondary education tax levy	141	137
Maintenance of land, building and office equipment	141	135
Telephone	138	129
Travel	107	87
Utilities	92	90
Bank charges	84	83
Miscellaneous	30	11
Building renovations	21	4
Commissioners' remuneration	9	7
Publicity	4	1
	$ 13,780	$ 13,111

The accompanying notes on pages 111 to 115 are an integral part of the financial statements.

MANITOBA HEALTH SERVICES COMMISSION

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 1985

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES

(a) The financial statements have been prepared on an accrual basis of accounting except for the following:

(i) PENSION

In accordance with the provisions of the Manitoba Civil Service Superannuation Act, the Commission contributes 50% of the pension disbursements made to retired employees. Such payments are charged to expense as incurred. A provision is not made in the accounts to fund current or past service obligations of the Commission to the Civil Service Superannuation Fund. On the basis of an actuarial report, the unfunded provision for the Commission's employees amounted to $10,516,000 as at December 31, 1984 ($9,180,000 as at December 31, 1983).

(ii) THIRD PARTY RECOVERIES

Third party recoveries are recorded on a cash basis.

(iii) INVENTORIES

Purchases of supplies are charged to operating expenditures as incurred. The Commission does not record the value of supplies on hand as an asset.

(iv) LAND, BUILDINGS, FURNITURE AND EQUIPMENT

Land, buildings, furniture and equipment are charged to operating expenditures in the year of acquisition. As at March 31, 1985, the Commission owns the following fixed assets:

1. Administration building, land, furniture and equipment.
2. Land and buildings of the Rehabilitation Centre for Children, Inc.
3. Land on which the building owned by the Manitoba Adolescent Treatment Centre Inc. is located.
4. Land and buildings of the Deer Lodge Centre Inc.
5. Diagnostic equipment located in the provincial laboratory and x-ray units throughout the Province.

NOTE 2. FUNDS HELD IN TRUST RE DEBENTURE TRUST AGREEMENTS

At March 31, these funds are on deposit as follows:

	1985	1984
	(thousands of dollars)	
Bank	$ 15,319	$ 11,391
Government of the Province of Manitoba	2,802	2,366
	$ 18,121	$ 13,757

NOTE 3. CAPITAL FINANCING

Hospitals and personal care homes have obtained financing for capital construction by issuing debentures, or arranging for mortgages or long-term loans. The Hospital Capital Financing Authority, which was established in 1972, approves the issue of all securities to finance these capital expenditures and assists in obtaining an orderly market for the sale of the securities.

Funds for servicing approved capital debt incurred for the construction and acquisition of facilities for the provision of insured services are included in the Commission's expenditure. For the year ended March 31, 1985 the amount related to interest and principal repayment included in the expenditures for hospital and personal care home services shown on Statement B is $45,056,000 ($39,836,000 for the year ended March 31, 1984).

In accordance with arrangements with the hospitals and personal care homes, the Commission either holds in trust or disburses to the Province and other trustees, out of funds payable by it to these facilities, sufficient moneys to meet the interest and principal payment and sinking fund provisions for debentures.

At March 31, 1985 the amount of $18,121,000 ($13,757,000 as at March 31, 1984) shown on the balance sheet was being held by the Commission to meet future obligations for:

	1985	1984
	(thousands of dollars)	
Principal and interest payments to the debenture Trustees payable in the next fiscal year	$ 13,425	$ 10,417
Sinking funds for the retirement of debentures	4,696	3,340
	$ 18,121	$ 13,757
Sinking funds for the retirement of debentures held by another Trustee at March 31	$ 7,506	$ 4,825

As at March 31, the approved outstanding capital debt of hospitals and personal care homes was:

	1985	1984
	(thousands of dollars)	
Canadian Dollars		
Debentures:		
Hospitals	$213,947	$146,938
Less accumulated sinking funds	12,202	8,165
	201,745	138,773
Personal care homes	13,212	10,402
	214,957	149,175
Mortgages:		
Personal care homes(1)	55,822	52,295
Other:		
Hospitals	12,141	22,259
Personal care homes	3,192	3,743
	15,333	26,002
	$286,112	$227,472
United States Dollars		
Debentures:		
Hospitals	$ 11,225	$ 11,950

(1) Includes $18,577,000 ($14,854,000 as at March 31, 1984) National Housing Act mortgages which are subsidized by the Canada Mortgage and Housing Corporation.

In addition to the approved outstanding debt, lines of credit up to $55,675,000 ($99,435,000 as at March 31, 1984) have been approved to finance capital projects currently in process. On completion of these projects, the borrowings will be converted to long-term debt.

NOTE 4. AIR AMBULANCE PROGRAM

A new Air Ambulance Program was undertaken during the year and is scheduled to become operational in the fiscal year ending March 31, 1986.

The Commission has contracted for the acquisition of a new aircraft for the program at a cost of $4,800,000. A deposit of $428,000 has been placed with the supplier and is included in the Accounts Receivable - Other shown on the balance sheet. The financing of the aircraft acquisition is to be arranged by a lease agreement with an option to purchase.

The Air Ambulance Program expenditure of $112,000 shown on Statement B represents initial start up costs.

NOTE 5. OTHER HEALTH SERVICES

This group of expenditures consists of:

	1985	1984
	(thousands of dollars)	
Optometric	$ 3,966	$ 3,936
Chiropractic	6,777	6,508
Prosthetic and orthotic	2,765	2,536
	$ 13,508	$ 12,980

NOTE 6. HOSPITAL AND PERSONAL CARE HOME SERVICES

The Commission provides funds to hospitals and personal care homes to establish reserves for the replacement of equipment. For the year ended March 31, 1985 the Commission deferred the funding of these reserves for one year. The deferral amounted to $4,200,000.